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COUNTY BOROUGH OF PRESTON.

REPORT

OF THE

Medical Officer of Health

on the Health of the Borough
for the year

1935.

PRESTON
R. Seed & Sons, Printers, 43 Guildhall Street.
1936.

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ANNUAL REPORT, 1935.

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HEALTH COMMITTEE, 1935-36.

The Right Worshipful the Mayor (Mr. Councillor E. Ley, J.P.).
Chairman : Mr. Alderman Richard Durham.
Vice-Chairman : Mr. Councillor C. W. Beetham, L.D.S.

Mr. Alderman J. Herbert.
Mr. Alderman T. C. Rainford.
Mrs. Alderman A. M. Pimblett, J.P.
Mr. Councillor R. C. Pye.
Mr. Councillor J. Hopkinson.
Mr. Councillor R. N. Hull.
Mrs. Councillor A. Rainford.
Mr. Councillor W. T. Ferris.
Mr. Councillor L. Birch.
Mr. Councillor J. Rowcroft.
Mr. Councillor L. A. Roberts.
Mr. Councillor E. Parry.
Mr. Councillor J. Topping.
Mr. Councillor M. Williamson.

MATERNITY AND CHILD WELFARE COMMITTEE.

Chairman : Mrs. Councillor A. Rainford.

The Health Committee, with the following ladies adopted as Members :—

Mrs. J. Dunbar, J.P.
Mrs. I. M. Marsden, J.P.
Mrs. Towler.
Mrs. C. White.
Mrs. E. Lees.
Mrs. H. White.
Mrs. F. Barwick.

HOSPITALS SUB-COMMITTEE.

Chairman : Mr. Councillor R. N. Hull.

Mr. Alderman R. Durham.
Mrs. Alderman A. M. Pimblett.
Mr. Alderman J. Herbert.
Mr. Alderman T. C. Rainford.
Mr. Councillor C. W. Beetham.
Mr. Councillor E. Parry.
Mrs. Councillor A. Rainford.

THE MEDICAL SERVICE SUB-COMMITTEE OF THE EDUCATION COMMITTEE :

November, 1935.

Chairman : Mr. Alderman R. Durham.
Vice-Chairman : Mrs. Alderman A. M. Pimblett, J.P.

Mr. Alderman T. C. Rainford.
Mr. Councillor F. Jamieson.
Mr. Councillor R. C. Pye.
Mr. Councillor O. A. Goodier.
Mrs. Councillor A. Rainford.
Mr. J. Yates.
Mr. W. J. Heal.
Mrs. Woodcock.
Rev. R. G. F. Wyatt.
Miss E. Masheter.

The Annual Report of the Medical Officer of Health.

INTRODUCTION.

The health of the Borough has been satisfactorily maintained during the year. The people's health is measured approximately by vital statistics : these tell us how many have been born, how many have died and of what diseases; they give us a pictorial record of certain groups of diseases; they deal with unemployment, hospital treatment or health visiting, and can be turned to a useful account in a hundred and one ways. They do not, however, tell us whether the people are happy and content, whether they are troubled with minor illnesses, whether they are suited to their work, whether they find their homes comfortable, or are satisfied in their social relationships. Even a cursory glance beneath an impeccable table of statistics will reveal to the searcher that life to-day is very far from being idyllic, and does not even approach an attainable standard. Many of our people are physically inferior; they are badly and uncomfortably housed, inadequately or improperly fed, poorly clothed, insufficiently educated and are employed either unsuitably or not at all. Looking back but a few years reveals a large present-day achievement, and, what is more important, a far-reaching change in the attitude taken towards matters of social well-being. We have before us a long and difficult road before ideals such as have been formulated by Plato, Butler, or, in modern times, Wells, can hope to be realised.

Turning now to our statistics : we have to record 72 more births than were registered in 1934. The steady fall in the number of births which has been noticed for many years was interrupted by a slight increase in 1928 and 1929, and thereafter the birth rate has fallen steadily year by year until the rise just referred to.

As the Registrar General has estimated the present population of the town to number 116,200 a decline of 1,290, the birth rate is proportionately an increase even without the additional number. The same comment holds good with regard to the death rate where, with 33 fewer deaths, the rate is practically unchanged. Infant mortality, which is expressed as a rate per 1,000 born, is not susceptible to population changes. There were here 25 more deaths of infants, producing a substantial effect upon the rate, a rise of from 69 to 80 per 1,000 born. Thirteen of the excess number died at under one week and, including these, 16 of the excess died at under one month. Among the total of 57 infants dying before reaching one week of age, 48 are included in the premature birth, marasmus and congenital malformation group; a percentage of 84 as compared with 82 per cent. in 1934. This tendency for children to be born without adequate vital force has steadily increased since the war, and is well illustrated in tables VIA and B in the appendix to the Maternity and Child Welfare Section.

It would be rash to venture an opinion as to the cause of this phenomenon. We know that it was of less proportionate weight when the conditions of life as to housing and sanitary environment were much harder than they are to-day. In previous reports the social insecurity of the present day, with its associated mental tension, has been put forward as a prominent factor and, in the absence of a better explanation, this view is again offered.

The details of the tables dealing with the causes of death show year by year but little change. Measles accounted for 12 deaths among 61 attributable to infectious conditions. Tuberculosis is gradually declining as a principal cause of death, and accounted for practically the same number as in 1934. Cancer caused slightly fewer deaths, but is responsible for the death of one in seven persons. Circulatory diseases or diseases of the heart and blood vessels account for over one third of the total deaths. The damage done in childhood by unrecognised or unregarded " rheumatic pains " is incalculable, leading, as it does, to the premature decease of many valuable lives.

Respiratory diseases show a sharp increase. The influence of adverse weather conditions and the presence of epidemic influenza cause this group of diseases to vary a good deal from year to year. At present it accounts for about one-eighth of the total deaths. Kidney diseases which are sometimes the cause of and sometimes the sequel of diseases of the circulatory system, account for one-twentieth of the total. Deaths from violence were approximately half of those occurring last year and maternal deaths have, after the disastrous record of 1934, returned to normal experience. The death rate is higher than in the country as a whole (14.94 : 11.7) and higher than in the hundred odd great towns.

The first part of the report dealing with the social conditions of the district describes a large number of activities—Hospitals, Poor Law Relief, Unemployment, Nursing and so on, which are sufficiently informative. The rapid growth of the Hospital and Nursing movement, the greater attention paid to Blind Persons and the improved industrial situation are, however, noteworthy. In connection with the latter, the number of insured persons has slightly increased for the first time since 1931. The availability of pathological services for sick insured persons is proving of great value : organised team work in connection with the treatment of fractures is proving of great benefit, in that it secures to the patients a shortened period of disability and better functional results. The Royal Infirmary, in securing beds for chronic rheumatism at Buxton, is doing excellent work. The establishment of a clinic with associated hospital beds for the treatment and supervision of acute rheumatism in children would prove of very great value, as the amount of sickness due to this cause in early and middle life and the mortality caused by it in later years are a very great tax on the community.

The improved industrial situation for the report on which we are indebted to Mr. Tarrant, the Superintendent of the Labour Bureau, provides encouraging reading. The other side of the picture is painted by Mr. Bentham, the Public Assistance Officer, who shows that £10,000 more for outdoor relief was paid out in 1935 than in 1934. Four times as much was paid out last year as was required in 1926.

Mr. Weir's appointment as Senior Sanitary Inspector took effect in December, so that the full effect of his organising power will not be seen in this year's report on the sanitary circumstances. The demands on the staff in connection with new Acts of Parliament, together with numerous statutory orders and regulations, are very great and require a larger staff than is available at the moment.

The Committee have visited a large amount of property in the central parts of the town and the staff are at present engaged in a detailed survey of an area which is ripe for reconstruction.

The Food section opens with its usual summary of where milk is produced and how it is distributed. The quantity consumed per head is too low and might very easily be increased were the milk to be made cheaper, more easily available (milk bars seem to be very popular where established), and were the public to feel more assured about the question of tuberculosis infection. The Government are changing the names of the various grades of milk but " plus ça change plus c'est la même chose." There is no safety in any milk not treated by heat. The Veterinary inspector with his enthusiasm and extensive knowledge of legal enactments carries out administrative and technical work of a high order. A quarter of a million live animals pass through the market every year and the carcases of over 50,000 animals are submitted to a careful post mortem examination.

With the exception of an outbreak of measles there was very little infectious disease in the town; the work at the Isolation Hospital was correspondingly light. Immunisation against diphtheria was begun in December. The work is done in the schools and has been popularised by addresses to parents accompanied by films on the subject. It appears to be fairly well accepted and should prove of great value.

The Maternity and Child Welfare Committee are in touch with the Preston Royal Infirmary with regard to a reorganisation of Maternity work. The building of a large new Maternity Home in the Hospital Grounds and the imminence of the Midwives Bill's receiving the Royal Assent will produce some interesting changes in this vital subject.

The new Swimming Baths are nearing completion and the old baths will provide a site upon which we hope will be erected a well equipped central clinic for School Medical and Infant Welfare purposes.

The School Medical Service presents the results of a year's work in a narrative form, supported by the many tabular statements required by the Board of Education. A new feature is the classification of malnutrition. This at its face value does not make good reading, only 78.4 per cent. being graded as normal and better than normal. It should be remembered that the chief factors in bodily constitution and physique are inherited and therefore not subject to medical control.

The Medical Inspectors speak very favourably of the effect of the supply of milk to school children on their health. We have the satisfaction of knowing that this milk has been pasteurised and is free from the tubercle bacillus. I hold very strongly that the consumption of raw milk is dangerous to the individual and costly to the community.

The giving of powers to the Committee to engage an Organiser of Physical Training is a step in the right direction and one which but for the war would have been taken years ago.

The cleanliness figures are again very satisfactory. But for a few refractory parents the problem of pediculi capitis might be settled once and for all in a very short time.

A fairly large number of carefully selected children have had their tonsils and adenoids removed. There is a large amount of timidity on the part of parents about this necessary procedure. Many children presenting enlarged tonsils do, it is true, " grow out of them " but by the time the tonsils have shrunk the mechanical effect of obstruction to breathing has made its effect upon the facial appearance and the shape of the chest, ear diseases and stunting of growth have occurred and rheumatism the most crippling disease of childhood has become established.

The Dental Surgeons were able to complete an inspection of all children aged six to eleven years and to do the fillings required. The closing of the gap between the inspections has lessened the amount of dental caries to be treated and we expect with confidence to be able to do another complete inspection during 1936, taking into the scheme the new entrants aged six and carrying forward the inspection and treatment of the eleven-year-olds into their twelfth year. I think it would be well to group all the dental work at the projected new clinic and to provide a Dental Nurse for the purpose of home visiting.

Dental work in the secondary schools shows extraordinary variations in the percentage of children treated. My view of the matter is that this treatment should be provided free of cost by the Local Education Authority at least to free placers.

Among the children submitted for special examination are a number referred by Head Teachers on account of educational retardation. Some of these children are certified under the Mental Deficiency Acts and dealt with by the appropriate agencies. The remainder are for the most part described as dull and backward and returned to the Head Teacher with no other comment. Your Committee have discussed the appointment of a Psychologist whose function it would be to advise upon these difficult cases. Larger Authorities are well satisfied with the work of Child Guidance Clinics, and our Medical Officers, as a result of a recent post graduate course, are keenly interested. It is hoped that something may be done on these lines during the year.

This opportunity is taken of thanking the staff for a year of devoted and painstaking work, and of acknowledging the encouragement received by the Chairman and Members of the Health and Education Committees.

F. A. SHARPE,

Medical Officer of Health.

Cost of Services.

The following figures as to the cost of the Health Services are summarised from the annual report of the Borough Treasurer for the year ended March 31st, 1935 :—

	Expenditure			Income		
	£	s.	d.	£	s.	d.
Maternity and Child Welfare	8358	4	10	590	16	3
Meat Inspection	1174	16	0	117	17	6
Public Health	8434	0	0	1847	14	0
Disinfecting	513	17	10	148	13	8
Vaccination	303	17	3	0	8	2
Port Sanitary	541	6	9	114	16	9
Elswick Hospital	855	8	8	17	10	0
Isolation Hospital	6315	9	8	272	14	3
Sharoe Green Hospital	19660	14	3	5950	4	10
Venereal Diseases	2154	2	2	706	4	11
Treatment of Tuberculosis	10158	19	5	157	14	0
Contagious Diseases of Animals	266	2	10	8	13	9
Food and Drugs Act	383	12	3	...		
Housing of Working Classes	28	0	8	...		
Medical Inspection and Treatment (Elem. Education)	6349	15	7	577	6	6
Medical Inspection (Higher Education)	260	0	0	...		
TOTAL	65758	8	2	10510	14	7

The figures include the grant from the Ministry of Health with regard to Port Sanitation.

The totals for the previous two years were as follows :—

Year ending March 31st, 1933 :—
Expenditure—£44,223 7s. 10d. Income—£4,787 15s. 2d.
Year ending March 31st, 1934 :—
Expenditure—£61,057 12s. 4d. Income—£10,446 16s. 11d.
The figures for 1933 do not include Sharoe Green Hospital.

I.—Statistics and Social Conditions of the District.

Area	5,757 acres.
Population (mid 1935)	116,200.

Summary of Social and Vital Statistics.

	1931-32		1932-33		1933-34		1934-35		1935-36	
Rateable Value	£628,789		£631,224		£637,371		£682,099		£664,006	
Sum represented by a penny rate	£2,460		£2,440		£2,450		£2,590		£2,615	
	s.	d.	s.	d.	s.	d.	s.	d.	s.	d.
Total Rates levied ...	12	6	12	6	12	6	12	3	12	6
Rate for Public Health	1	5⅞	1	9⅝	1	11⅛	1	11	1	11¾
,, Highways ...	1	8½	1	8¼	1	7¼	1	6⅛	1	5⅝
,, Scavenging ...	0	5⅜	0	5½	0	5¼	0	4⅞	0	5
,, House Refuse...	0	8½	0	8	0	7¾	0	7¾	0	7⅝
,, Sewerage ...	0	9¼	0	10⅛	0	11	0	9⅝	0	10⅛

	Total	Males	Females	Birth Rate
Live Births—Legitimate	1657	856	801	14.26
Illegitimate ...	85	40	45	0.73

No. of Still Births ... 92 Rate per 1,000 Total Births 50

Deaths—Nett ... 1,578 Rate (corrected) per 1,000 population...14.94

Percentage of Total Deaths occurring in Public Institutions 35.11

Number of Marriages—1045. Marriage Rate—8.99.

Number of women dying in, or in consequence of, child birth :—
From Sepsis—2. From other causes—6.

Deaths of infants under one year of age per 1,000 births :—
Legitimate—78. Illegitimate—118. Total—80.

Deaths from Measles at all ages	11
,, Whooping Cough	5
,, Diarrhoea (under two years)	9

1. Public Health Officers of the Authority.

(a) MEDICAL.

Medical Officer of Health, School Medical Officer, Port Medical Officer, Tuberculosis Officer	F. A. Sharpe, M.D. (LOND.), B.S., D.P.H.
Deputy Medical Officer of Health, Clinical Tuberculosis Officer	J. Walker, M.B., CH.B., D.P.H. (VICT.).
Assistant School Medical Officers ...	H. Craig, L.R.C.S. & P., L.R.E.P.S. M. A. Glass, M.B., CH.B., B.SC., D.P.H.
Dental Surgeons	J. C. Knowles, L.D.S. G. Williams, L.D.S. S. W. Gee, L.D.S.
(Honorary)	A. Berry, L.D.S.
Assistant Medical Officer for Maternity and Child Welfare	M. E. Cliff, M.D., CH.B. (MANCH.), D.P.H. (LOND.)
Ophthalmic Surgeon ... (Part-time)	Walter Sykes, M.R.C.S., L.R.C.P.
Orthopædic Surgeon ... (Part-time)	E. C. Bell Jones, M.B., B.S. (MELBOURNE), F.R.C.S. (ENG.), M.CH. ORTH. (L'POOL).
Venereal Diseases Officer ... (Part-time)	W. H. Pimblett, M.B., C.M. (EDIN.). Preston Royal Infirmary.
Pathologist ... ... (Part-time)	F. B. Smith, M.C., M.A., M.D., B.CH. (CANTAB.), Preston Royal Infirmary.
Medical Superintendent, Sharoe Green Hospital	W. N. Chisholm, M.B., CH.B., F.R.C.S. (EDIN.), D.C.O.G.
District Medical Officers and Public Vaccinators ... ... (Part-time)	D. J. Davies, M.B., B.S. (LOND.), B.SC. (WALES), F.R.C.S. (EDIN.). T. Pimley, M.B., C.M. (ABERD.). M. W. Talbot, M.B., C.M. (EDIN.). (resigned 31st Oct., 1935.) W. Ainsley, L.R.C.P., L.R.C.S. (EDIN.), L.R.F.P.S. (GLAS.). G. W. Pimblett, M.B., CH.B. (CANTAB.), M.R.C.S., L.R.C.P. R. SLATER, M.B., CH.B. (appointed 1st November, 1935.) J. J. B. Dias, M.B., CH.B. (appointed 1st April, 1935.)

(b) OTHERS.

Veterinary Officer	Richard Finch, M.C., F.R.C.V.S., D.V.S.M.
Borough Analyst ... ... (Part-time)	W. H. Roberts, F.I.C.
Senior Sanitary Inspector...	W. E. Weir, M.R.San.I., M.S.I.A., [1.2.3.4.]
Sanitary Inspectors	J. B. Morgan, [1.2.], J. B. Cook, [1], T. Lindsay, [1.2.3.], R. Fairclough, [1.], (resigned 30th Sept., 1935), J. S. Carrie, [1.], C. V. Smith, [1.2.].
For Food	W. R. White, [1.2.]
Port Sanitary	H. S. Holden, [1.].
Vaccination Officer	H. Smith.
Health Visitors, School Nurses, and Tuberculosis Nurses	M. M. Bottomley, E. A. Cooper, E. Park, D. Lafferty, J. Mortimer, R. Cole, F. P. Harrop, A. Rigby (appointed 1st March, 1935), G. Spencer (Masseuse), A. Butterfield, D. G. King, G. Whalley, M. E. Booth, E. B. Pilkington, G. Downing.
Matron, Infectious Diseases Hospital ...	C. La Motte.
Matron, Chestnuts Sanatorium	F. Keene.
Matron, Sharoe Green Hospital	M. Blundell.
Chief Clerk	W. Sharp.
Clerical Staff	H. Beggs, F. Garlington, R. Harrison, C. Blakeley, H. Barton, E. Worth, R. H. Bridge, M. Barnett, T. Gray, D. Pendlebury, V. Bateson, I. Knowles, I. Pinder, G. Alker, T. Rimmer, D. J. Harrison, M. Cookes, and M. Croft.

1. Holds Sanitary Inspector's Certificate of the Royal Sanitary Institute.

2. ,, Meat and Other Foods ,, ,, ,, ,, ,, ,,

3. ,, Smoke Inspector's ,, ,, ,, ,, ,, ,,

4. Holds Royal Sanitary Institute's Certificate of Advanced Knowledge in Administrative and Technical Work and duties of a Sanitary Inspector.

2. Nursing in the Home.

(a) General.

The Council contributes £200 per annum to the Preston District Nursing Association, and is represented on the committee of management. The Association is organised into ward committees. The Provident Scheme provides a substantial portion of the revenue. The work during 1935 showed a large increase over that done in 1934. The organisation is well supported and is increasing its scope of usefulness and service. In addition to the above Association, the Roman Catholic Church maintains five nursing sisters, members of religious orders, in the Moorfields Convent, and a similar number in a Home in Moor Park Avenue. Most of these nurses are fully trained; their duties include not only nursing, but such other domestic duties as may arise.

(b) Infectious Diseases.

The Preston District Nursing Association undertakes the nursing of measles, whooping cough, pneumonia, and other cases of infectious disease not usually treated at the Isolation Hospital.

3. Midwives Practising in the Area.

Number of persons with the Certificate of the Central Midwives Board	36
Number of bona-fide midwives (in practice in 1902)	8

The Local Authority does not employ any midwife direct, and no midwives are employed on a salaried basis by the Authority. The Maternity and Child Welfare Committee, under the Maternity and Child Welfare scheme, consider applications for the free or partly free services of midwives. They also arrange to compensate midwives in those instances where a midwife's case is recommended for admission to a maternity home.

4. National Health Insurance.

Mr. W. Leyland, Clerk to the Preston Insurance Committee, has kindly supplied the following information :—

The number of persons in the County Borough area entitled to Medical Benefit on 31st December, 1935 was 56,733. Of this number 56,246 were members of Approved Societies and the remaining 487 being Deposit Contributors. The total is a slight increase on the previous year's figure of

56,708 and incidentally, is the first increase since December, 1931. The provisions of the National Insurance Act, 1935, it is hoped, will have the effect of maintaining the numbers at the present level.

The mean number of insured persons actually on doctor's lists for the year was 53,307.

In 1935 the number of prescriptions issued was 285,198 and was a decrease of 1,562 on the 1934 figure. This also is the lowest prescription figure during the last five years. The average number of prescriptions issued per insured person was 5.39, as compared with 5.3 for 1934, and 5.5 for 1933.

The total Drug Bill for 1935 was £9770 3s. 9d., the average cost per insured person being 3s. 7.99d. Other years' figures are 1934—3s. 7.3d., 1933—3s. 10.1d., 1932—3s. 6.8d., and 1931—3s. 7.5d.

During the first six months of 1935 the remuneration of insurance doctors was subject to an economy deduction of 5%, such reduction being restored as from 1st July. The chemists also were subject to a deduction of 5% of dispensing fees during that period, and the amount of the Drug Bill quoted above is prior to any deduction being made.

Under the scheme for testing medicines and appliances, 14 tests were taken at different chemists' establishments in the Borough and reported on by an independent analyst. One case was referred to the Pharmaceutical Service Sub-Committee for further investigation.

The arrangements were continued with the Preston Royal Infirmary whereby the services of the Pathological Laboratory are placed at the disposal of Insurance Doctors for examination and reports. During a twelve months' period (1st July, 1934—30th June, 1935) 91 patients were referred to this Department and 130 reports received. Twenty-four insurance practitioners made use of the services of the Laboratory under this scheme.

On 31st December, 1935 there were 62 Practitioners under agreement with the Insurance Committee. This number includes all Assistants and the Resident Medical Officer of the Preston Friendly Societies' Medical Association and is an increase of three on the figure for 1934. At the same date there were 43 chemists establishments in the Borough undertaking insurance dispensing. This number is one less than that of the previous year.

A comparative table covering the years 1928-35 showing the population; the number of insured persons, and the number of prescriptions issued, is given below :—

Year.	Estimated Population.	Insured Persons.	No. of Prescriptions Issued.
1928	127,100	59,437	307,583
1929	126,100	58,882	297,467
1930	126,100	59,833	280,924
1931	120,100	59,898	294,131
1932	118,500	59,512	287,197
1933	117,800	58,165	306,926
1934	117,490	56,708	286,760
1935	116,200	56,733	285,198

5. Poor Law Medical Out-Relief.

The duties of a District Medical Officer as laid down in the Public Assistance Order, 1930, and the Districts with the Medical Officers attached, were described in the report for 1931.

The Medical Officers paid 2,153 visits to patients in their homes, and held 1,942 consultations in their respective surgeries.

Poor Law Relief.

Mr. Thomas H. Bentham, Public Assistance Officer, has kindly supplied the following information :—

Outdoor relief paid in respect of the Borough :—

Year.	Amount. £	s.	d.
1921	12133	16	0
1922	11692	1	7
1923	11384	12	11
1924	7253	17	1
1925	9105	8	7
1926	12137	0	6
1927	11924	10	3
1928	11123	3	10
1929	9764	13	1
1930	7974	7	2
1931	10615	2	10
1932	16733	4	4
1933	20155	1	2
1934	29321	3	8
1935	39606	3	1

6. Laboratory Facilities.

Pathological examinations are carried out at the laboratory maintained at the Preston Royal Infirmary by the Board of that institution, in charge of Dr. F. B. Smith, Pathologist. A numerical summary of the work undertaken for the Preston Council is as follows :—

Specimen.	Examination Carried Out.	Number.
Blood ...	Agglutination	9
,, ...	Count	1
,, ...	Culture	1
Cerebro-spinal fluid	General	2
Cerebro-spinal fluid	General (add culture)	1
Faeces	General (add culture)	10
Milk ...	B. Coli content	339
,, ...	B. Coli content and total bacterial colonies	19
,, ...	B. Tuberculosis	348
,, ...	,, (microscopical only)	11
,, ...	For bacilli of food poisoning group	2
Pus ...	For gonococcus (other than V.D. Dept.)	36
,, ...	,, (add culture)	4
,, ...	General culture	5
,, ...	Biological test for B. Tuberculosis	1
Sputum	B. Tuberculosis	686
Sundry. Stout	Microscopic and for Bacillus of food poisoning group	1
Swabs ...	B. Diphtheriae by culture	2142
,, ...	,, and Haemolytic streptococci	22
,, ...	,, and Vincent's angina	6
Tissue ...	Histological section	1
Urine ...	General	9
,, ...	,, (add culture)	8
	Total ...	3664

1,745 examinations, not included in the above figures, were made for the department of V.D. in 1935.

7. Hospitals.

Preston Royal Infirmary.

The principal General Hospital in the district is the Preston Royal Infirmary, a Voluntary Hospital of some 292 beds, with a Convalescent Home for men at "The Willows," Ashton (26 beds), and for women and children at Lostock Hall, (46 beds); 364 beds in all. The Hospital offers a complete range of service, is adequately equipped and fully staffed both by Residents and Non-Residents and Honorary Medical Officers. Mr. J. Gibson, Superintendent and Secretary of the Infirmary, has kindly supplied the following details ;

The number of in-patients treated during the year was 5,735, as against 5,782 in the previous year. The daily average number of beds occupied at the Infirmary was 260, compared with 259 in 1934, and the average length of stay 16.6 days.

Six hundred and eighty-six of the patients were transferred to the Lostock Hall Convalescent Hospital for women and children, where the average daily occupation of beds was 33, and the average stay of patients 17.6 days. Five hundred and four patients were also transferred to "The Willows" Convalescent Hospital for men in Pedder's Lane, Ashton-on-Ribble, where the daily occupation of beds was 21.6, and the average stay 15.6 days each. Ninety-two persons were sent for recuperative treatment to the Southport Convalescent Hospital, and 25 to the Devonshire Hospital, Buxton, for treatment of rheumatic conditions.

In the Maternity Department 413 patients were confined and 418 babies were born.

Last year's record in the Out-patients' Department has been exceeded :— 31,565 patients were treated (an increase of 762) including 12,141 accident and casualty cases, 3,556 eye, ear, nose and throat, 2,475 surgical, 974 artificial sunlight, 374 pre-natal, 1,068 pathological and 20 visited at home 500 medical, 2,086 dental, 5,387 X-ray, 1,222 massage and electrical, 387 orthopædic, 137 radium, 58 mental and 1,180 venereal diseases.

The total expenditure of the Infirmary was £65,635 3s. 9d., of which £47,569 16s. 3d. represented ordinary maintenance and £18,065 7s. 6d. extensions, improvements and special equipment. The income was £61,930 0s. 9d.

The arrangement with the Christie Cancer Hospital and Holt Radium Institute, Manchester, whereby the Infirmary has the use of the radium belonging to and the services of the Radium Specialists attached to the Joint Hospitals, has proved a great boon to the unfortunate sufferers from malignant disease in this area, and has been extended by the addition of an extra Examination Clinic to deal with the increasing number of patients seeking treatment. The Examination Clinics are held on the first and third Thursday morning in each month, commencing at 10 a.m., and the operative sessions on the afternoon of those days.

Four hundred and three persons were treated as a result of motor traffic accidents. Of these, 157 were in-patients, who occupied beds for 4,051 days, or an average of 11 beds daily. The cost of treatment was £1,483 16s. 3d., towards which £1,096 19s. 1d. was recovered, leaving £386 17s. 2d. to be paid out of the general funds of the Institution.

The Orthopædic Clinic, under the direction of Mr. B. L. McFarland, F.R.C.S.I., M.Orth., of Liverpool, has shown abnormal growth. Mr. E. Bell-Jones, F.R.C.S. (of Liverpool), has been appointed to assist Mr. McFarland.

In the Nurses' Training School, 24 Nurses passed the Final Examination and 23 the Preliminary Examination of the General Nursing Council. Sixteen Pupil Midwives obtained the Diploma of the Central Midwives' Board.

The New Maternity Hospital, with 43 beds for obstetric cases, including provision for ante-natal cases, and up-to-date Operating and Delivery Rooms and Ante-Natal Clinic Rooms, will be opened on the 4th September, 1936. It should prove a great boon to Preston and District.

Sharoe Green Hospital.

During the year there were 1,694 cases admitted, while 1,390 were discharged and 267 died. The corresponding figures for previous years are given :—

	1932	1933	1934	1935
In Hospital, 1st January ...	—	169	171	138
Admitted	1327	1407	1583	1694
Discharged	1089	1150	1377	1390
Died	258	255	239	267
In Hospital, 31st December	—	171	138	175

The average stay in hospital was 33.3 days.

There has been a noticeable increase in the number of persons suffering from short-stay illnesses and from acute medical complaints.

As in previous years, the Pathological and Bacteriological examinations have been carried out at the Preston Royal Infirmary by Dr. F. B. Smith, who has examined 141 specimens.

The number of operations performed of all classes was 129, as compared with 124 for 1934, and 119 for 1933.

Dental treatment was given by Mr. A. E. Berry to 114 persons; of these 74 were hospital cases and 40 were cases from the Preston Institution.

Cases of puerperal sepsis are treated in an isolation ward in the hospital and have a separate nursing staff.

One case was in the unit on 1st January, 1935, 30 were admitted, 26 were discharged cured, four died and one remained in hospital on 31st December, 1935. The cases were admitted from the following districts :—

Preston Borough, 13; Lancashire County—Fleetwood, 7; Penwortham, Feniscowles, Inskip, Morecambe, Kirkham, Lancaster, Thornton, Garstang, Chorley, and Longridge, one each.

In Table "A" are seen the number of different diseases dealt with during the year.

TABLE " A."

1935—Discharges and Deaths : 1,191.

		Discharges.	Deaths.
1.	Diseases caused by Infection or Infestation	84	3
2.	Diseases of the Nervous System :		
	(a) Nervous Disorders, Tumours, Hæmorrhage, Inflammations, etc	43	31
	(b) Mental Diseases	46	—
3.	Diseases of the Eye	4	—
4.	Diseases of the Ear	13	—
5.	Diseases of the Nose	5	—
6.	Diseases of the Circulatory System	44	58
7.	Diseases of the Blood and Blood-forming Organs	11	4
8.	Diseases of Ductless or Endocrine Glands, or Glands of Internal Secretion	2	2
9.	Diseases of the Breast	4	4
10.	Diseases of the Respiratory System	175	78
11.	Diseases of the Teeth and Gums	1	—
12.	Diseases of the Digestive System	93	31
13.	Diseases due to Disorders of Nutrition or Metabolism	23	2
14.	Diseases of the Generative System :		
	(a) Males	9	6
	(b) Females :		
	1. Associated with Pregnancy and Parturition	61	1
	2. Others	32	7
15.	Diseases of Bones and Joints, Muscles, Fasciae, Bursae	24	5
16.	Diseases of the Areolar Tissue	45	1
17.	Diseases of the Skin	40	—
18.	Diseases of the Urinary Organs	14	17
19.	Injuries, General and Local	94	8
		927	264

The work in the Maternity Department is steadily increasing. 365 patients attended the ante-natal centre for the first time. The total number of attendances was 2,098, an average of 5.12 per patient. 310 patients paid the ordinary fees while 153 were assisted partly or wholly by the Maternity and Child Welfare Committee of the Borough or County Council. 216 women attended the hospital for examination after their confinements. The proportion of first confinements to second and subsequent ones was 202 : 264.

Three mothers died following their confinements, giving a rate of 6.8 per 1,000 live and still births. The deaths were due to eclampsia, pre-eclamptic toxaemia, and partum eclampsia, The following summary of maternity cases does not include abortions and miscarriages. Details of these appear in the table dealing with cases admitted to the general wards (see Table A, 14 B.1.). 360 anæsthetics were given for confinement and 39 for perineal repair and other manipulations.

TABLE "B."

Summary of Maternity Cases, 1935.

In hospital, 1st January, 1935		12
Admitted		477
Discharged		463
Died		3
Remaining in hospital, 31st December, 1935 ...		23
Patients delivered :		
Normal deliveries	297	
Instrumental	166	
	——	463

There were 415 infants born alive and 26 still born.

Of the living children 21 died before reaching 10 days of age and three over that age. It was necessary to resort to supplementary feeding in 30 instances and to artificial feeding in 27 instances.

There have been no material changes in the nursing staff during the year, eight probationers being appointed. Nine probationers passed their Preliminary State Examination, eight their Final Examination. Instruction in hygiene, anatomy and physiology and practical nursing, etc., was given by Sister Lovett and the course of systematic lectures in medicine and surgery was given by the Medical Superintendent.

Ten pupil midwives were appointed, six completed their course of training, and twelve pupil midwives received the certificate of the Central Midwives Board. The approved course of lectures was given by Sister Renfrey and Dr. Pimley, while ante-natal instruction and supplementary lectures were given by the Medical Superintendent.

The clergy of the various denominations, in addition to their routine visits to the sick, were ever ready at all times to pay emergency visits as required.

This opportunity is taken to offer our heartfelt thanks to the donors of very welcome gifts of toys, eggs, pillows, sweets, magazines, fruit, flowers, books, pram covers, holly, cakes, vegetables, etc.

The new Labour Ward and the Dispensary have been completed and put into use. The Assistant Medical Officer's quarters have been reconditioned, providing a bathroom and an extra bedroom. Work has commenced on the Reception Block and the provision of extra office accommodation. Work on the re-wiring of the electrical installation has commenced, and is well advanced.

The collection from patients and relatives of monies due in respect of maintenance, has been carried out by the clerical staff at the Hospital, and the arrangements made have operated in a satisfactory manner.

Owing to lack of accommodation in the nurses' home, the full complement of staff cannot be accommodated, and it is hoped that during the ensuing year the Committee will give this matter further consideration in order that the necessary alterations may be commenced in the near future.

8. Maternity and Nursing Homes.

There were nine maternity and nursing homes in operation at the end of 1934, and one new one was opened during the year. Two applications were made by the management of institutions, and exemptions granted, under Section 6 of the Act.

9. Maternal Mortality.

The enquiries instituted on behalf of the Maternal Mortality Committee set up by the Ministry of Health have been continued. Details of these enquiries are given in the Maternity and Child Welfare section of the report. Every notified case of puerperal fever and puerperal pyrexia is the subject of an inquiry.

10. Institutional provision for unmarried mothers, illegitimate infants and homeless children.

There is no provision for unmarried mothers other than that provided by the Public Assistance Committee. Illegitimate infants and homeless infants are maintained in the children's nursery in the Preston Institution up to the age of three years; and from over that age Roman Catholic children are maintained at the St. Vincent Orphanage for Boys and the Moorfield Convent for Girls; Protestant boys and girls are maintained at the Cottage Homes, Brockholes View. In September, 1931, the Council decided " that financial assistance granted by the Council to expectant mothers by way of the provision of maternity home accommodation, be granted solely through the Maternity and Child Welfare Committee."

11. Institutional Provision for Mental Defectives.

Educable children are provided for by the Education Committee. Children between seven and 16 years of age and educable and requiring institutional care are sent to Calderstones Certified Institution, Allerton Priory, and Pontville, Ormskirk. Idiots and imbeciles are dealt with by the Lancashire Mental Hospitals Committee. Male adult defectives are accommodated at the Ribchester Institution, and female defectives at the Preston Institution.

12. Ambulance facilities.

(a) An ambulance is maintained at the Isolation Hospital for the removal of cases of infectious disease.

(b) There is a service maintained at the Fire Station for accident cases and urgent removals to hospital; there is also an ambulance maintained at the Preston Royal Infirmary for conveyance of patients to and from the convalescent homes, and an ambulance at the Sharoe Green Hospital for the conveyance of patients into the hospital or to other institutions.

13. Clinics and Treatment Centres.

There are no out-patient departments under the control of the Local Authority. The various clinics and treatment centres were shown in the tabular statement in the report for 1930.

14. Local Government Act, 1929.

The administrative arrangements under the above Act were described in the report for 1930.

15. Blind Persons Act, 1920.

The number of certified blind persons is 367.

Blind persons employed at approved workshops	32
Blind persons employed in their own homes	5
Blind persons employed elsewhere	2
Blind persons unemployable	308
Blind persons not training, but trainable	1
Blind children under 16 years of age	11
Blind trainees over 16 years of age	8
	367

Of these, 213 are receiving benefit from the Blind Persons Act Committee as necessitous unemployable blind persons.

There were 105 applicants for examination under the Blind Persons Act, 1920. This represents an increase of 30 as compared with last year. Of these, 73 were "so blind as to be unable to perform any work for which eyesight is essential." Of the 32 others, 14 were referred for re-examination.

A tabulated analysis of the different conditions found in those presented for examination is given below. In general, the figures correspond with those of last year.

Attention is again drawn to the decreasing amount of blindness arising in the early years of life, especially those types resulting from infections and ignorance. Since the beginning of the administration of the Blind Persons Act, there has been, as far as clinical appreciation would permit, a certain degree of standardisation as to what constitutes blindness. Most of the applicants were over fifty years of age, but a suggestion in this connection seems noteworthy. Firstly, in the case of children, it is no longer adequate to designate a child sighted or blind. There is the partially sighted child, and while there is a diminution in the incidence of blindness in children, there is a very perceptible group of partially sighted children for whom those concerned with the administration might well cater. To do so would show an appreciation and an adaptation to the changing problems of defective vision.

Secondly there is the case of the partially sighted adult. For instance, there were, in this group, eight cases of high myopia. Some of these are in danger of becoming blind within the meaning of the Act within the next few years. One cannot deprecate too strongly the attitude or the administrative point of view which must await the advent of certifiable blindness before anything can be done for such cases. Partially sighted individuals are still employable and they should not be regarded as candidates for Public Assistance, still less should they be allowed to return to an unsuitable type of employment.

These remarks are made as a suggestion to the valuable work already being done by those concerned with the welfare of the blind or partially sighted persons.

The principal or outstanding conditions found in those referred for examination were as follow :—

A. Congenital and undetermined causes : 61 cases.

Congenital, hereditary and developmental	3
Myopic error	8
Primary glaucoma	10
Primary cataract	33
Tumour	2
Other	5

B. Infectious and Bacterial : 19 cases.

Ophthalmia Neonatorum	1
Syphilis acquired	1
Local infection of coats of eye	11
Specific fevers	1
Septicaemia	5

C. Traumatic and Chemical : 18 cases.

Industrial trauma	6
Non-industrial trauma	5
War trauma	1
Indirect : sympathetic ophthalmia	6

D. General Diseases : 7 cases.

Vascular diseases, including cerebral vascular lesions ...	3
Diabetes	3
Other general diseases	1

16. Industrial Situation—April, 1935 to March, 1936.

Mr. F. Tarrant, Manager of the Employment Exchange, has kindly supplied the following information :—

The improvement in the unemployment position which was referred to in last year's report has been fully maintained, the set-back at the end of the 1934-35 period having proved only temporary.

In every month of the year except April, 1935, there has been a reduction in the numbers registered as unemployed, compared with the corresponding month in the previous year. In the first few months of that period the reduction was small, but in July, 1935, the register had fallen to 8,630 compared with 9,180 in July, 1934. In November, 1935, the figure was 8,970, as against 10,080 in November, 1934, whilst in March, 1936, it was 8,290, as against 10,520 in March, 1935. The number of persons unemployed in March, 1936, was the lowest since 1929. Taking the mean of the figures for the twelve months, the average number of persons registered as unemployed from April, 1935, to March, 1936, was 9,250, compared with 10,000 for the period from April, 1934, to March, 1935. This average decrease of 750 in the register is almost entirely accounted for by the fall in the number of persons "temporarily stopped," that is to say, persons stood off by their usual employers with a definite prospect of resuming work within the ensuing six weeks. The average number of persons "temporarily stopped" was 2,250 in the period under review, compared with 2,900 in the previous twelve months. The conclusion to be drawn from this is that the improved position is largely due to increased steadiness of working at the mills, factories and workshops, and it may be stated that other evidence available supports this conclusion.

The average number of men registered as unemployed including those "temporarily stopped"—taking the mean of the monthly figures—was 6,140 as against 6,240 in the previous year. The corresponding figures for women are 3,100 and 3,750. Surveying the period as a whole, therefore, the decrease in unemployment was mainly amongst women. In March, 1936, however, the number of men registered as unemployed had fallen to 5,670 as against 6,890 in March, 1935; and the number of unemployed women had fallen to 2,630 as against 3,640 in March, 1935.

The following statement gives the number of persons registered as unemployed in each month during the year and for purposes of comparison shows the corresponding totals for each month in the preceding year :—

1935	MEN		WOMEN		Total in 1935-6	Total in 1934-5
	Wholly Unemployed	Temporarily Stopped	Wholly Unemployed	Temporarily Stopped		
April	5,099	1,221	2,278	915	9,513	9,377
May	4,827	1,251	2,089	931	9,098	9,184
June	4,798	1,308	2,003	992	9,101	9,300
July	4,657	939	2,126	907	8,629	9,180
August	4,744	1,961	2,141	2,832	11,678	12,184
September	4,880	962	2,186	1,022	9,050	9,790
October	5,082	1,072	2,267	756	9,177	9,641
November	5,015	1,232	2,143	584	8,974	10,082
December	4,990	1,045	2,018	629	8,682	9,161
1936 January	5,022	1,673	2,039	812	9,546	10,847
February	5,044	1,246	2,061	856	9,207	10,710
March	4,540	1,127	1,954	673	8,294	10,519

It will be seen that the register increased by over 3,000 in August, 1935, this being almost entirely accounted for by temporary stoppages at the holiday period. There was also a rise of about 1,700 in the register in January, 1936; this was due partly to the cessation of the activity connected with Christmas trade and partly to inclement weather affecting building construction and other outdoor work. With the advent of more favourable climatic conditions the register fell substantially in March, 1936, and there are at present no indications of any further setback other than the usual holiday suspensions.

In the **Cotton Trade,** employment has been definitely steadier than a year ago. At the beginning of the period under review the number of cotton trade workers registered as unemployed or temporarily stopped was about 4,100, compared with about 3,800 a year previously whereas in September, 1935, the number had fallen to 3,700, as against 4,700 in September, 1934. In November, 1935, there was a further substantial decrease, the figure being 3,100, whilst at the end of the period the total had fallen to 2,500, as compared with 4,400 in March, 1935. The improvement has been largely in the manufacturing section of the industry, and at the present time there is a persistent demand for fancy weavers of whom comparatively few are registered as unemployed.

In the **Building Trades**, employment has also on the whole been better than in the previous year. The average number of building trade workers registered as unemployed was 600, compared with 680 in the year before. The improvement would have been even more marked but for the temporary suspensions which occurred during January and February this year consequent on unfavourable climatic conditions. In January for example the number of building trade workers registered as unemployed rose from 600 to 1,200 as a result of these temporary suspensions. During the greater part of the year the demand for bricklayers and plasterers was in excess of supply, whilst during the spring and early summer there were few good painters who were not in employment.

In **General Engineering**, unemployment was a little higher, taking the period as a whole. The average number of workpeople registered as unemployed was just over 380, as against 370 in the previous year, but in October 1935, the register was as high as 430, compared with 370 in October, 1934. In March, 1936, the figure had fallen to 280 and conditions generally now appear more favourable than for some time past. It should be mentioned, however that the fall in the number of unemployed engineering workers is due in a measure to the fact that some of them have left the district to take up employment in the Midlands and South where there is considerable activity.

In the **Coach Building** industry, the unemployment position has remained unchanged, the average number of persons recorded as unemployed being 160, which is about the same as last year.

Unemployment in the **Distributive Trades** has also remained at about the same level as last year—the average number of unemployed persons registered being about 820—but as this is a rapidly expanding industry it follows that employment has in fact been better.

UNEMPLOYMENT.

The following statement shows the number of persons on the Exchange and Juvenile Employment Bureau registers at a date in December in each year from 1924 :—

Year	Men	Women	Boys	Girls	Total
1924	2,595	910	41	29	3,575
1925	2,479	710	77	64	3,330
1926	5,068	6,302	136	141	11,647
1927	2,788	1,829	127	111	4,855
1928	4,580	2,446	—	—	7,026
1929	5,322	5,805	213	219	11,559
1930	8,516	8,409	222	309	17,456
1931	7,421	4,048	306	350	12,125
1932	7,963	3,297	302	265	11,827
1933	6,635	3,087	216	206	10,144
1934	6,042	3,119	170	125	9,456
1935	6,092	2,979	153	173	9,397

During the year 1935 the following engagements were made by employers through the medium of the Employment Exchange :—

	Placed in employment locally.	Placed in employment in other districts.
Men	4,712	595
Women	1,952	302

The number of persons placed in employment with local employers (Preston and District) showed an increase of 1,230 as compared with the previous year.

The Exchange is taking an important part in the recruitment of labour and this fact is gaining recognition by more employers year by year. Not only is the volume of placing work expanding steadily but also the number of employers making use of the Exchange is increasing and close co-operation is being maintained by those employers with the Exchange.

The Director of Education has supplied me with the following figures relating to Juvenile Unemployment :—

1935.	Boys.	Girls.
March	177	319
April	432	276
May	234	211
June	209	215
July	237	202
August	291	420
September	304	266
October	319	253
November	163	166
December	281	371
1936.		
January	257	306
February	230	253

APPENDIX
TO
SECTION I.

TABLE IA.

WARD	Census 1931	Estimated Population, June, 1935	Nett Deaths	Rate per 1000 living	Births	Rate per 1000 living	Deaths of Infants	Infant Mortality per 1000 born
St. John's ...	11498	11240	173	15·39	173	15·39	20	116
Avenham	7242	7028	113	16.08	90	12.81	8	89
Christ Church	7095	6885	95	13·79	97	14.09	5	52
Ashton ...	9343	9108	113	12.41	125	13.72	5	40
Maudland ...	10501	10287	107	10.40	163	15.84	8	49
St. Peter's ...	10022	9782	158	16.13	124	12.68	15	121
Moorbrook ...	7852	7655	104	13·59	90	11.76	8	89
Park	13111	12831	190	14.81	198	15·43	15	76
Trinity	8645	8374	124	14.81	111	13.26	12	108
Deepdale ...	13774	13528	172	12.71	251	18.55	21	84
Ribbleton ...	10392	10200	131	12.84	176	17·25	16	91
Fishwick ...	9526	9282	98	10.56	144	15·51	7	49
Unknown ...	...	...	...	...	...	...	...	...
	119001	116200	1578	14·94	1742	14·99	140	80

TABLE IB.

Year.	No. of Births.	Rate per 1000 Living.	No. of Infant Deaths.	Infant Mortality.	No. of Deaths at all ages	Rate per 1000 Living.
Average 1906-1910	3118	26.37	506	161	1904	16.11
Average 1911-1915	2751	23.21	415	151	1992	17.02
Average 1916-1920	2262	18.85	250	112	1759	15.66
Average 1921-1925	2444	19.94	261	107	1687	13.86
Average 1926-30	1982	15.72	185	93	1664	13.17
1931	1881	15.66	165	88	1661	13.83
1932	1764	14.89	149	84	1547	13.05
1933	1720	14.60	150	87	1577	13.39
1934	1670	14.24	115	69	1611	15.24 (corrected)
1935	1742	14,99	140	80	1578	14,94 (corrected)

TABLE Ic.

Vital Statistics of whole District during 1935 and previous ten years.

YEAR.	Total Population.	BIRTHS. Nett.		TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.			
								Und'r 1 yr. of age		At all Ages.	
		Number.	Rate.	Number.	Rate.	of Non-resid'ts registered in the district	of Residents not regist'd in the district	Number	Rate per 1,000 Nett Births	Number	Rate.
1925	122,900	2174	17.69	1644	13.38	84	227	286	131	1787	14.54
1926	124,200	2160	17.39	1421	11.44	93	268	195	90	1596	12.85
1927	127,100	1892	14.88	1645	12.93	121	261	206	109	1785	14.04
1928	127,100	1916	15.07	1588	12.49	152	277	175	91	1614	12.69
1929	126,100	1967	15.60	1608	12.75	151	315	205	104	1772	14.05
1930	126,100	1975	15.66	1437	11·40	185	292	145	73	1544	12.24
1931	120,100	1881	15.66	1518	12.63	157	300	165	88	1661	13.83
1932	118,500	1764	14.89	1376	11.61	150	301	149	84	1547	13.05
1933	117,800	1720	14.60	1458	12.38	186	305	150	87	1577	13.39
1934	117,490	1670	14.24	1519	12.93	191	283	115	69	1611	15.24 (corrected)
1935	116,200	1742	14.99	1425	12.26	171	324	140	80	1578	14.94 (corrected)

Area of District in acres (Land and Inland Water)............ 5,757

Total population at all ages..................	119,001
Number of structurally separate dwellings	30,079
Average rooms per occupied dwelling......	4.47
Average family occupation	4.36
No. of families per occupied dwelling......	1.02
Average size of private family...........	3.78
Average number of persons per room...	0.85

At Census of 1931

TABLE Id.

Causes of Death at Different Periods of Life in the County Borough of Preston.

Causes of Death.	Sex.	All Ages.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
ALL CAUSES	M	783	89	23	20	13	17	32	52	87	133	199	118
	F	795	52	10	12	17	19	40	44	77	132	226	166
1 Typhoid and paratyphoid fevers	M	1	...	...	...	...	...	1	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
2 Measles	M	9	3	3	2	1	...	...	...	...	...	...	...
	F	3	1	...	1	...	1	...	...	...	...	...	...
3 Scarlet Fever	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	2	...	...	1	1	...	...	...	...	...	...	...
4 Whooping Cough... ...	M	3	1	2	...	...	...	...	...	...	...	...	...
	F	2	...	1	1	...	...	...	...	...	...	...	...
5 Diphtheria	M	9	...	3	6	...	...	...	...	...	...	...	...
	F	3	...	...	2	1	...	...	...	...	...	...	...
6 Influenza	M	18	...	1	...	...	1	3	1	3	3	5	1
	F	6	...	1	...	...	...	...	...	...	3	1	1
7 Encephalitis lethargica ...	M	2	...	...	...	...	1	1	...	...	...	...	...
	F	1	...	...	...	...	...	...	...	1	...	...	...
8 Cerebro-spinal fever ...	M	2	1	...	1	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
9 Tuberculosis of ... respiratory system ...	M	36	1	1	...	...	6	4	9	10	4	1	...
	F	33	...	...	...	...	8	12	8	...	4	1	...
10 Other tuberculous diseases	M	7	2	...	1	1	...	1	...	...	2	...	...
	F	7	1	1	1	2	...	...	...	1	...	1	...
11 Syphilis	M	1	...	...	...	...	...	...	1	...	...	...	...
	F	4	...	...	...	...	...	...	...	1	1	2	...
12 General paralysis of the insane, tabes dorsalis...	M	4	...	...	...	...	...	1	2	1	...	...	...
	F	1	...	...	...	...	...	1	...	...	...	...	...
13 Cancer, malignant disease	M	88	...	...	...	...	...	1	3	15	22	35	12
	F	121	...	...	...	...	...	5	8	21	31	45	11
14 Diabetes	M	3	...	...	...	...	...	1	...	...	1	1	...
	F	19	...	...	...	...	1	1	...	...	8	4	5
15 Cerebral hæmorrhage, etc.	M	44	...	...	...	...	...	...	1	2	9	19	13
	F	48	...	...	...	...	...	...	3	6	14	18	7
16 Heart disease	M	191	...	...	...	1	1	3	10	19	41	67	49
	F	210	...	...	...	2	2	2	4	16	33	79	72
17 Aneurysm	M	2	...	...	...	...	...	...	...	1	1	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...

TABLE ID—*continued.*

Causes of Death.	Sex.	All Ages	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
ALL CAUSES	M	783	89	23	20	13	17	32	52	87	133	199	118
	F	795	52	10	12	17	19	40	44	77	132	226	166
18 Other circulatory diseases	M	33	...	...	...	...	...	...	...	3	4	16	10
	F	27	...	...	...	...	...	...	...	2	5	13	7
19 Bronchitis...	M	23	3	...	...	...	...	...	...	5	4	7	4
	F	24	4	1	...	...	...	...	...	...	...	6	13
20 Pneumonia (all forms) ...	M	74	13	8	5	2	2	4	11	7	10	9	3
	F	66	8	3	3	1	1	7	2	10	7	14	10
21 Other respiratory diseases	M	6	1	...	...	...	1	...	1	...	1	1	1
	F	4	...	...	...	...	...	...	...	...	...	2	2
22 Peptic ulcer	M	10	...	...	...	...	...	1	1	4	3	1	...
	F	3	...	...	...	...	...	...	1	...	1	...	1
23 Diarrhœa, etc.	M	3	1	...	1	...	...	...	...	...	...	...	1
	F	5	4	...	...	...	...	...	...	...	...	1	...
24 Appendicitis	M	4	...	...	2	1	...	...	...	...	...	1	...
	F	2	...	...	...	1	...	...	...	1	...	...	...
25 Cirrhosis of Liver ...	M	2	...	...	...	...	...	...	1	1	...	...	...
	F	2	...	...	...	...	...	...	...	...	...	2	...
26 Other diseases of liver, etc.	M	1	...	...	...	...	...	...	...	...	1	...	...
	F	5	...	...	...	...	...	1	1	...	...	2	1
27 Other digestive diseases	M	17	2	2	1	1	...	...	1	2	7	1	...
	F	19	4	1	...	...	...	...	1	2	5	5	1
28 Acute and chronic nephritis	M	35	...	1	...	1	1	...	4	5	6	12	5
	F	37	...	1	...	2	3	...	2	3	10	10	6
29 Puerperal sepsis	F	3	...	...	...	...	...	1	2	...	...	...	...
30 Other puerperal causes ...	F	5	...	...	...	...	1	2	2	...	...	...	...
31 Congenital debility, premature birth, malformations, etc.	M	57	56	...	...	1	...	...	...	...	...	...	...
	F	29	27	1	1	...	...	...	...	...	...	...	...
32 Senility	M	8	...	...	...	...	...	...	...	...	...	2	6
	F	18	...	...	...	...	...	...	...	...	...	1	17
33 Suicide	M	13	...	...	...	...	...	2	3	1	4	3	...
	F	3	...	...	...	...	...	1	...	1	...	1	...
34 Other violence	M	18	1	2	1	2	2	2	1	1	2	2	2
	F	16	...	...	1	2	...	...	1	2	2	5	3
35 Other defined diseases ...	M	57	4	...	...	2	2	7	2	7	8	15	10
	F	67	3	...	1	5	2	7	9	10	8	13	9
36 Causes ill-defined, or unknown	M	2	...	...	...	...	...	...	...	...	...	1	1
	F	...	...	...	...	...	...	...	...	...	...	...	...

TABLE Ie.

Number and Causes of Death in each Ward for the Year 1935.

Cause of Death	St. John's Ward	Avenham Ward	Christ Church Ward	Ashton Ward	Maudland Ward	St. Peter's Ward	Moorbrook Ward	Park Ward	Trinity Ward	Deepdale Ward	Ribbleton Ward	Fishwick Ward	Totals
Enteric Fever	...	...	...	...	...	1	...	...	...	...	...	...	1
Measles	3	3	...	...	1	...	...	...	...	1	2	1	11
Scarlet Fever	...	1	...	...	...	...	...	...	...	...	1	...	2
Whooping Cough	1	1	...	...	...	...	...	...	2	...	1	...	5
Diphtheria	2	...	...	...	1	...	...	3	1	2	2	1	12
Influenza	3	3	1	3	3	...	...	6	...	2	...	4	25
Encephalitis Lethargica ...	1	...	...	...	...	...	...	...	...	...	...	1	2
Cerebro-spinal Fever	...	...	...	...	...	...	1	...	...	...	...	...	1
Tuberculosis of Respiratory System	11	6	7	1	4	6	...	6	5	9	13	2	70
Other Tuberculosis Diseases ...	2	...	...	1	...	2	2	2	2	1	...	...	12
Syphilis	1	1	...	1	...	...	...	...	...	1	1	...	5
Gen. Paralysis of the Insane ...	...	1	...	...	...	...	...	...	...	...	1	...	2
Cancer, Malignant Disease ...	27	12	11	13	11	26	16	29	11	31	14	9	210
Diabetes	3	...	4	1	2	2	1	1	1	2	1	...	18
Cerebral Haemorrhage... ...	6	6	5	14	7	13	10	8	7	7	4	3	90
Organic Heart Disease ...	42	29	24	32	28	37	31	46	41	43	33	25	411
Aneurysm	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Circulatory Diseases ...	7	7	4	6	5	5	...	7	3	7	3	8	62
Bronchitis	7	4	1	3	3	1	7	5	3	3	7	3	47
Pneumonia, all forms	14	11	8	9	11	20	9	17	14	12	13	8	146
Other Diseases of Respiratory Organs	1	1	1	...	...	2	2	1	1	...	1	...	10
Peptic Ulcer	1	2	1	...	3	1	...	4	...	...	1	1	14
Diarrhoea and Enteritis ...	...	1	1	1	1	2	...	...	1	1	2	2	12
Appendicitis	...	1	...	...	...	...	1	1	2	...	...	1	6
Cirrhosis of Liver	...	...	...	...	...	2	...	1	...	...	...	1	4
Other Diseases of Liver	3	1	...	...	...	1	...	...	...	1	...	1	7
Other Digestive Diseases ...	3	2	1	3	1	2	2	3	3	5	3	2	30
Acute and Chronic Nephritis ...	10	1	5	6	8	2	4	10	3	8	5	6	68
Puerperal Sepsis	...	...	...	...	...	...	...	...	1	...	1	...	2
Other Puerperal causes	1	...	2	1	...	...	1	...	...	...	1	...	6
Congenital Debility and Malformation. Premature Birth	12	5	4	5	3	11	6	9	6	14	8	4	87
Senility	3	1	3	...	...	3	...	5	3	3	2	3	26
Suicide	2	3	2	1	3	...	...	3	1	...	...	1	16
Other Violence	2	4	...	1	5	3	...	7	4	...	3	1	30
Other defined causes	5	5	10	11	7	16	11	16	9	19	7	10	126
Causes ill-defined or unknown ...	...	1	...	...	...	...	...	...	...	...	1	...	2
Totals	173	113	95	113	107	158	104	190	124	172	131	98	1578

TABLE IF.

Birth-rate, Death-rate, and Analysis of Mortality during the Year 1935.
(Non-civilians included).

—	Rate per 1000 Total Population		Annual Death Rate per 1,000 Population									Rate per 1,000 Live Births		Percentage of Total Deaths			
	Live Births	Still-births	All Causes	Typhoid and Para-typhoid Fever	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Violence	Diarrhoea and Enteritis (under 2 years)	Total Deaths under One Year	Certified by Registered Medical Practitioners.	Inquest Cases	Certified by Coroner after P.M. No Inquest.	Uncertified Causes of Death
England and Wales	14·7	0·63	11·7	0·00	0·00	0·03	0·01	0·04	0·09	0·18	0·54	5·6	57	90·4	6·4	2.2	1·0
121 County Boroughs & Great Towns, including London ...	14·8	0·61	11·8	0·00	0·00	0·04	0·01	0·05	0·09	0·16	0·52	7·6	62	90·9	5·8	2·8	0·5
140 Smaller Towns (1931 Estimated popul'ns 25,000-50,000)	14·8	0·64	11·2	0·00	0·00	0·03	0·01	0·03	0·09	0·18	0·53	4·8	55	91·9	5·5	1·6	1·0
London	13·3	0·44	11·4	0·00	0·00	0·00	0·01	0·04	0·06	0·11	0·55	11·3	58	87·7	6·3	5·9	0·1
County Borough of Preston...	**14·99**	**0·79**	**14·94**	**0·01**	**0·00**	**0·09**	**0·02**	**0·04**	**0·10**	**0·22**	**0·40**	**5·2**	**80**	**90·3**	**5·4**	**1·0**	**3·3**

II.—Sanitary Circumstances of the District.

A.—WATER SUPPLY.

A description of the Preston water supply (received from the Water Engineer, Mr. E. C. Oakes, M.Inst.C.E.) appeared in the Report for 1934.

A sample of the town's water was submitted to the Borough Analyst on February 15th, 1935, and reported upon as follows :—

	Parts per 100,000.
Total solid matter in solution	6.64
Oxygen required to oxidise in 15″	0.071
Oxygen required to oxidise in 3 hours	0.138
Ammonia	0.001
Ammonia from organic matter (by distillation with alkaline permanganate)	0.005
Nitrogen as nitrates	None
Nitrogen as nitrites	None
Combined chlorine	0.95
Total hardness	3.0

The sample was clear, faintly yellow and odourless. It contained only a minute trace of suspended matter, which consisted of vegetable debris and hydrated oxide of iron, with diatoms and particles of siliceous matter.

The water is a very good upland surface water, well suited for drinking and all domestic purposes.

Reaction to litmus, neutral. P.H. value 6.9.

B.—CLOSET ACCOMMODATION.

There are approximately 33,379 fresh water closets, 320 waste water closets, 12 trough closets and 36 privy middens. The sanitary conveniences in use at factories, workshops and schools are not included in the above figures.

C.—SCAVENGING.

The work has been carried out satisfactorily. The bulk of the town's refuse is dealt with at Argyll Road, and is subjected to salvage treatment, Machinery for dealing with condemned meat, and meat and fish offal is installed. The Cleansing Superintendent (Mr. H. E. Tye, A.M.I.P.C.), has kindly supplied the following information, in respect of the year ended March 31st, 1936 :—

The amount of refuse collected was 29,136 tons, and was dealt with as follows, the weights in all cases being approximate only :—

Paper, metal, rags, etc., sold	970	tons
Crude refuse, clinker, etc., sent direct to tips ...	807	,,
Dust and cinders separated by screening plant, sold, or sent to tips	20520	,,
Tailings incinerated	6839	,,

The 119 miles of paved streets in the Borough, exclusive of back passages and footpaths were cleansed as follows :—

Approximate mileage cleansed	three times daily	5½
,, ,, ,,	twice daily	4
,, ,, ,,	once daily	10
,, ,, ,,	four times weekly... ...	10
,, ,, ,,	three times weekly ...	11¾
,, ,, ,,	twice weekly	49¼
,, ,, ,,	once weekly	28½

The number of gullies cleansed was 89,058 and 586 tons of market refuse were collected and destroyed.

D.—SEWAGE DISPOSAL.

The trunk sewer system, consisting of the Northern, Aqueduct, Marsh Lane, Syke, Ribbleton, New Hall Lane and Southern sewers, together with the storm overflows at Walton Bridge, Old Tram Bridge, New Bridge, and above and below the Dock, have been described in detail in previous reports.

The sewage is raised from a sump at the station in Watery Lane by impelling electric pumps and delivered by two rising mains at the sewage works on Freckleton Farm. Here it passes through a screening chamber, detritus tanks and settling tanks, with a capacity of approximately 2,000,000 gallons. The effluent is conducted into the river. The plant is capable of dealing with three times the dry weather flow on the basis of a population of 150,000. The final effluent, which is deprived of its gross impurities by the treatment given, is mixed with the comparatively enormous volume of the tidal estuary and is thus satisfactorily disposed of.

E.—WORK OF THE DISTRICT SANITARY INSPECTORS.

1. Dwellinghouses.

Two thousand eight hundred and seven inspections and 3,359 re-inspections were made, details of which are given in Table IIa at the end of this Section.

These inspections and re-inspections involved the sending of 2,123 letters with regard to common defects, such as yard flagging, cleansing and decorating, provision of ashpails, drainage defects and general sanitary repairs and improvements. In connection with surveys made under the Housing (Consolidated) Regulations and Housing Acts, 1925 and 1930, 204 informal notices were sent to owners and there were also 32 statutory notices under the Housing Acts, served by the authority of the Council. The results of the work are shown in Table IIb., 2,390 houses in all having been dealt with.

2. Drains.

One thousand six hundred and thirty inspections and 2,338 re-inspections were made during the year, details of which are given in Table IIa. The work done is shown in Table IIb.

3. Schools.

Fifty-nine visits were made to these premises, and defects were found as follows :— drains and water closets, five ; urinals, two. All such defects were remedied, or arrangements made for necessary work to be carried out. In two instances schools were dealt with for rat-infestation, and in each case the drains were found to be defective.

4. Factories and Workshops.

The usual tables dealing with registered premises have been forwarded to the Home Office as required by the Factory and Workshop Act, 1901, but are not included in this report. During the course of inspection 65 defects were found, and all were remedied. A summary of work done is given in Table IIc.

5. Offensive Trades.

The following offensive trades are established in the Borough :—

Soap boilers, 3; fat and tallow melters, 5; gut scraper, 1; tripe boilers, 5; fish friers, 163.

All these premises are subject to frequent inspection, 73 visits being made during the past year.

6. Pig Keepers.

There are 18 pig keepers in the Borough, the number of pigs kept varying according to seasonal trade demands and ranging from 800 to 900. Sanitary conditions, especially those relating to the distance from inhabited dwellings, drainage of floors and buildings, and means of temporary storage of manure, are satisfactory. Forty-seven visits were made by the Sanitary Inspectors and 31 by the Veterinary Officer.

7. Common Lodging Houses.

There are 18 common lodging houses on the register, affording accommodation for 844 persons in 124 rooms. The average number of lodgers per night was 377. The premises are visited regularly, 126 visits being made in 1935.

These premises are mainly lacking in means of escape in case of fire, and the provision of accommodation for personal ablutions and for the storage of personal effects is not yet wholly satisfactory. Revised bye-laws for the control of common lodging houses were approved by the Ministry of Health in 1931.

8. Houses Let in Lodgings.

There are 45 houses so registered, with a daily population of 440 persons, but a number of other houses are probably used as such without registration. One hundred and eleven visits were made. Bye-laws adopted in 1929 for the control of such premises are restricted in their scope by the provisions of the Rent Restrictions Acts.

9. Rats and Mice Destruction Act, 1919.

The following work was done under the above Act as a result of complaints by tenants or notification by occupiers of infested buildings after periodical notices in the Press :—

Factories	18
Food-preparing premises	22
Dwellinghouses	372
Schools	2
Other premises	102

Approximately 500 rats were destroyed in the 516 buildings in work carried out on the instructions of the Sanitary Inspectors. A total of 936 visits was made.

10. Stable Premises and Garages.

Forty visits have been made to these premises, and general repairs have been carried out in one instance; premises cleansed, 2; offensive accumulations removed, 23. The arrangement with the Cleansing Department for the periodic removal of refuse continues to work satisfactorily.

11. Theatres and Cinemas.

In the 19 cinemas and theatres in the town the seating accommodation is:

Cinemas	17	Total Seats ...	16,603
Theatres	2	Total seats ...	5,050

In addition to the above-mentioned places of amusement, there are 15 dance halls and 10 billiards halls for public use.

All the above require an annual licence granted in respect of theatres, dance halls and billiards halls by the Justices and in respect of cinemas by the Watch Committee of the Council.

Under the Theatres and Music Halls Order, 1920, a certificate is required by the licensing body from the Medical Officer of Health, stating that the premises are satisfactory in sanitary and other respects, for consideration when licence is applied for.

12. Shops Acts.

The Shops Acts of 1912 and 1913 are administered by the Police, as also is part of the Shops Act, 1934. That part of the Act of 1934 which deals with the health and comfort of shop workers in regard to the provision of sanitary arrangements, ventilation of premises, suitable and sufficient lighting and ventilation, and provision of seating accommodation is administered by the Health Department.

13. Caravans.

Eighty-one visits have been made by the Inspectors to these premises, the number and situation of which are as follows :—

Beech Street, 1; rear of Chestnuts Sanatorium, 1; Greenbank Street, 2; Kent Street, 2; Manchester Road, 1; Queen Adelaide Yard, 1; Strawberry Gardens, 4; Turner's Yard, 2; West View, 2—a total of 16.

One van was moved as a consequence of action by this Department. All the remaining vans, with the exception of those occupied by show people, are under agreement to close as and when alternative accommodation for the occupiers is found.

14. Private Passages.

Nine private passages were flagged or asphalted, drained, and doors to entrances provided or repaired. The work was carried out by local contractors upon instructions from the owners concerned. One offensive accumulation was removed.

15. Smoke Observations.

There are approximately 140 industrial chimneys in the Borough. Forty-four observations, each of a period of thirty minutes, were made during the year.

16. Miscellaneous.

In addition to the foregoing detailed work, 120 visits were made to public conveniences, 11 to premises where animals were so kept as to be a nuisance, and 29 to tips.

17. Disinfection.

Disinfection of premises was carried out by the spray method after measles or tuberculosis, and by the gaseous method after all other notifiable infectious diseases. During the year, 1,991 rooms were sprayed and 517 houses stoved; four schools and eight other institutions were also disinfected. In 56 instances goods at various schools were disinfected before being offered for sale as "jumble." In addition 218 beds, 114 mattresses, 201 bolsters, 436 pillows, and 325 other articles of bedding were subjected to steam disinfection, and 756 books from infected houses were treated by formic aldehyde gas and were returned to the libraries concerned.

18. Disinfestation.

One hundred and seventy-seven verminous houses were disinfested by liquid insecticide on request from the owners to this department.

19. Canal Boats Acts, 1877 and 1884.

Since the opening of the canal 59 boats have been registered and 43 cancelled, thereby leaving 16 still on the register, of these, 3 are stationed at Lancaster and do not visit the Preston end of the canal. Eleven boats were inspected, and 172 visits were made.

The number of infringements of regulations total 18, and were satisfactorily dealt with. They related to painting and general dilapidations. Legal proceedings were not necessary in any instance.

The condition of the boats as regards cleanliness was satisfactory. Of the 35 persons in occupation in 1935, 16 were adult males, 8 were adult females, and 11 were children; nine were children under school age. There has not been any case of infectious disease during the year.

The work of inspection has been carried out by Inspector Holden in addition to his work as Port Sanitary Inspector, and no special remuneration was provided for this part of his work.

F.—HOUSING.

That portion of the work of the Public Health Department relating to the fitness of dwellings, etc., has been dealt with in Section IIe. A summary of house inspections and houses repaired appears in the schedule appended.

The houses built each year since 1911 are as follows :—

Year	By private enterprise	By the Council	Total No.
1911	193	...	193
1912	143	...	143
1913	142	...	142
1914	118	...	118
1915	95	...	95
1916	45	...	45
1917	19	...	19
1918	2	...	2
1919	1	...	1
1920	13	...	13
1921	8	239	247
1922	33	244	277
1923	50	...	50
1924	186	...	186
1925	367	190	557
1926	248	252	500
1927	409	110	519
1928	278	320	598
1929	224	117	341
1930	128	280	408
1931	135	112	247
1932	244	428	672
1933	274	130	404
1934	277	99	376
1935	347	...	347
	3979	2521	6480

Vacant dwellinghouses.

Mr. W. Allison Davies, C.B.E., Borough Treasurer, has very kindly supplied the following information as to vacant dwellings as at March 31st, 1936 :—

Number	Rateable Value. £	Number	Rateable Value. £
		191	
1	5	9	25
1	8	11	26
2	9	3	27
3	10	3	28
10	11	3	29
9	12	6	30
10	13	10	35
36	14	2	37
25	15	2	38
7	16	3	42
18	17	3	45
10	18	1	48
13	19	1	51
8	20	2	52
6	21	2	54
13	22	1	78
8	23	1	83
11	24		
191		254	

The following information has been extracted from the Minutes of the Housing Committee for January, 1936 :—

Housing Act, 1925.

Total amount of advances	£581,057 1s. 6d.
Amount outstanding at date	£319,767 6s. 10d.
Number of Houses	884

Small Dwellings Acquisition Acts.

Total amount of advances	£198,018 0s. 0d.
Amount outstanding at date	£87,299 16s. 1d.
Number of Houses	354

HOUSING SCHEDULE.

Number of new houses erected during the year :—

(a) Total number erected	347
(b) Number erected as part of municipal housing schemes	...

1.—Inspection of Dwelling-houses.

(1) (a) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts)	3929
(b) Number of inspections made for the purpose	12511

(2) (a) Number of dwellinghouses (included under sub-head (1) above) which were inspected and recorded under the Housing (Consolidated) Regulations, 1925 and 1932	639
(b) Number of inspections made for the purpose	5663
(3) Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	63
(4) Number of dwellinghouses (exclusive of those referred to in the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	2107
2.—REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.	
Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their Officers	2303
3.—ACTION UNDER STATUTORY POWERS.	
(A) Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930 :—	
(1) Number of dwellinghouses in respect of which notices were served requiring repairs	53
(2) Number of dwellinghouses which were rendered fit after the service of formal notices :—	
(a) by Owners	54
(b) by Local Authority in default of owners	33
(B) Proceedings under Public Health Acts :—	
(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied	—
(2) Number of dwellinghouses in which defects were remedied after the service of formal notices :—	
(a) by Owners	—
(b) by Local Authority in default of owners	—
(C) Proceedings under Sections 19 and 21 of the Housing Act, 1930.	
(1) Number of dwellinghouses in respect of which Demolition Orders were made	25
(2) Number of dwellinghouses demolished in pursuance of Demolition Orders	13
(D) Proceedings under Section 20 of the Housing Act, 1930 :	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenements or rooms having been rendered fit	—

ACTION TAKEN UNDER THE HOUSING ACT, 1930.

1. Individual Insanitary Houses.

Sixty-three houses were the subject of official representation during the year. The following table summarises the action taken up to December 31st, 1935 :—

			DEMOLITION ORDERS					CLOSING ORDERS			UNDERTAKINGS BY OWNERS ACCEPTED BY HEALTH COMMITTEE							
				Result					Result				Result					
Year	No. of houses repres-ented	No further action taken	No. of Demolition Orders made	No. of houses demolished	No. of persons displaced	No. of houses remaining to be dealt with	No. of persons requiring to be displaced	No. of Closing Orders made	No. of houses closed	No. of persons displaced	No. of houses to be rendered fit	No. of houses to be closed	No. of houses rendered fit	No. of houses closed	No. of persons displaced	No. of houses demolished in the carrying-out of undertakings	No. of undertakings still to be complied with	No. of persons still to be displaced
1931	26	—	1	—	1	*1	—	2	2	7	—	23	—	15	52	—	8	14
1932	13	—	5	5	15	—	—	—	—	—	—	8	—	7	18	—	1	2
1933	17	1	2	2	—	—	—	—	—	—	12	2	1	2	—	8	3	—
1934	56	2	35	3	23	32	90	—	—	—	18	1	2	1	10	2	14	14
1935	63	—	19	—	—	19	47	—	—	—	35	9	1	—	—	—	43	57

* The Demolition Order made on this house cannot be enforced as demolition of the house would withdraw necessary support to adjoining houses.

Provision is made for the re-housing of persons to be displaced from the above property on the Inkerman Street Estate and such removal is now taking place.

2. Clearance Areas.

The Council declared the following areas to be Clearance Areas on February 22nd, 1934:—

Area No. 1. Kirkham Street and Moss Street (16 houses and 11 cellar dwellings—occupied by 52 persons.)
Area No. 2. Ribblebank Street and River Street (14 houses—occupied by 42 persons.)
Area No. 3. Savoy Street (12 houses—occupied by 43 persons.)
Area No. 4. Birk Street (10 houses—occupied by 33 persons.)

Area No. 2 was further considered by the Council on April 26th, 1934, and the resolution was amended. After the necessary notices had been given, Clearance Orders were made by the Council on June 28th, 1934, and after a Local Inquiry, held following the lodging of objection by various owners, the Orders were confirmed by the Minister of Health on November 28th, 1934.

Accommodation has been provided on the Inkerman Street Estate for the displacement of these persons by the building of houses and flats. Re-housing is now in progress as and when the dwellings are ready for occupation.

APPENDIX
TO
SECTION II.

TABLE IIa.

	Sanitary Districts.						
House Inspections.	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6	Total
Inspected on Complaint ...	559	574	266	851	313	244	2807
Re Infectious Diseases ...	157	88	101	41	21	73	481
Re Housing Acts	164	263	67	17	6	122	639
Re Rent Restrictions Acts ...	...	...	...	...	...	2	2
Totals	880	925	434	909	340	441	3929
House Re-Inspections.							
Inspected on Complaint ...	988	527	611	618	450	165	3359
Re Infectious Diseases ...	74	28	60	23	...	12	197
Re Housing Acts	527	724	1034	231	70	2438	5024
Re Rent Restrictions Acts ...	...	...	...	...	...	2	2
Totals	1589	1279	1705	872	520	2617	8582
Drain Inspections.	142	332	133	331	374	318	1630
Drain Re-Inspections.	442	278	281	353	409	575	2338

TABLE IIB.

Summary of Sanitary Improvements effected.

	Public Health Acts. SANITARY DISTRICTS							**Housing Acts.** SANITARY DISTRICTS						
	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6	TOTAL	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6	TOTAL
Houses dealt with :—	**421**	**302**	**282**	**321**	**311**	**267**	**1904**	**23**	**290**	**77**	**2**	**18**	**76**	**486**
Lighting and ventilation improved ...	46	41	32	31	39	39	228	22	128	65	2	3	50	270
Roofs reconstructed or repaired ...	31	91	20	46	47	31	266	17	139	47	1	13	62	279
Floors repaired or re-laid	22	20	20	48	28	13	151	11	49	60	1	8	53	182
Fireplaces repaired or provided... ...	14	7	10	30	25	13	99	6	23	15	1	1	49	95
Staircases repaired	9	17	14	33	20	12	105	11	30	43	...	2	50	136
Walls and chimneys pointed and repaired	59	74	58	44	41	29	305	22	114	58	...	5	71	271
Repairs and renewals to W.C. accommodation	46	72	30	46	46	31	271	11	80	40	2	2	49	184
Portable ashpails provided	55	17	35	49	46	16	218	4	13	15	...	...	17	49
New sinks or other sanitary fittings ...	30	32	20	30	34	9	155	10	93	51	...	4	22	180
Yard and lobby pavements repaired ...	31	5	13	26	34	30	139	10	5	42	1	1	41	101
Drains tested, repaired or renewed ...	163	111	134	187	74	170	839	1	48	23	...	2	53	127
Gutters and downspouts repaired or renewed...	46	44	37	46	33	58	264	18	48	26	...	5	66	163
Provided with sufficient water supply...	1	...	...	5	6	5	17	...	2	4	...	...	37	43
Plasterwork and limewashing	31	19	19	12	10	30	121	9	42	47	2	6	39	145
General nuisances	5	13	30	19	9	12	88	1	...	18	...	...	25	44
Premises disinfested	45	52	15	20	...	22	154	1	12	...	...	...	10	23
Parcels of bedding disinfested ...	...	...	...	...	...	...	...	...	...	...	...	...	6	6
Houses closed—voluntarily	...	...	...	...	...	...	...	...	6	...	1	...	...	7
Houses closed—by order	...	...	...	...	...	...	...	...	1	...	...	3	1	5
Houses demolished	...	...	...	...	9	...	9	...	11	...	...	5	...	16
Sufficient sanitary accommodation provided	1	...	2	...	...	5	8	...	...	...	...	...	...	...
Bakehouses cleansed	1	...	3	...	12	1	17	...	...	...	...	...	...	...
Offensive accumulations removed ...	17	1	17	6	18	23	82	...	...	...	...	1	12	13

TABLE IIc.

Summary of Work done under the Factory and Workshop Acts.

	No. 1 District	No. 2 District	No. 3 District	No. 4 District.	No. 5 District	No. 6 District	Total.
Number of factories and workshops on register	195	331	262	250	202	219	1459
,, circular letters sent re out-workers	...	...	...	...	...	...	...
,, out-workers reported ...	...	...	...	...	...	1	1
Visits to factories and workshops ...	23	23	8	21	2	6	83
,, retail bakehouses	71	2	17	7	...	7	104
,, public bakehouses	...	...	...	...	...	...	...
,, home-workers' premises ...	...	...	...	...	...	...	...
Drains tested	6	9	3	13	...	...	31
DEFECTS FOUND AND REMEDIED :—							
Defective drains...	6	9	3	13	...	...	31
,, lighting and ventilation ...	2	1	...	...	...	...	3
,, roofs	2	...	...	...	...	...	2
,, floors	1	...	...	...	...	1	2
,, water closets	2	...	2	2	...	4	10
,, sinks or other sanitary fittings	1	...	3	...	...	...	4
,, yard pavements	1	...	2	3	...	...	6
,, gutters and downspouts ...	...	...	1	1	...	...	2
Limewashing required	14	5	3	1	...	...	23
Insufficient W.C. accommodation for males	...	...	...	...	...	...	...
Insufficient W.C. accommodation for females	...	3	...	...	...	...	3
Manure accumulations	1	2	...	1	...	...	4
Totals	30	20	14	21	...	5	90

Total defects found, 90; remedied, 90.

III.—Port Sanitary Administration.

A.—PORT SANITARY DISTRICT.

The Port Sanitary district of Preston extends from Formby Point on the south, to a point about 2,350 yards south of the Victoria Pier, South Shore, Blackpool, on the north. The dock, which is 3,200 feet long by 600 feet wide, covers 40 acres, and is approached by the entrance basin, 850 feet long by 300 feet wide, which covers 4¾ acres.

The communicating locks are 550 feet long and 66 feet wide, with a depth of 29 feet 6 inches at high water ordinary spring tide. The docks are situated in the Borough, and are about 16 miles up the River Ribble from deep water at the bar.

The quays are 1½ miles long. There are 170 acres of storage ground and 37,489 superficial yards of covered floor space.

The dock is equipped with hydraulic and steam cranes, and has ample railway facilities.

The cattle lairage accommodates 800 cattle, and 1,600 sheep or pigs.

New Dock Offices giving every facility for administration were opened in February, 1936.

1. Amount of Shipping entering the Port during 1935.

1,437 ships, of which 232 were foreign, entered the port. The details showing the tonnage, classification, etc., coastwise and foreign, and the method of propulsion, is shown in Table IIIa at the end of this section.

2. Character of Trade of Port.

(a) There is no passenger traffic.

(b) Cargo traffic is principally with the Irish Free State, Norway, France, the Baltic Ports and other countries, as detailed in Table IIId at the end of this section.

The principal exports are coal, coke, machinery and salt cake.

3. Source of Water Supply.

(a) The port derives its water from the town supply, an upland surface water of good quality.

(b) Vessels are supplied from the above source.

(c) Water boats are not used.

4. Infectious Diseases.

In view of the fact that the Port Sanitary Regulations, 1933, made by the Minister of Health superseded the regulations for removal to hospital of persons brought within the district of the Authority, by any ship or boat, who are infected with a dangerous and infectious disorder, made by the Council on the 25th July, 1912, it was resolved—

(1) That the above-mentioned regulations made by the Council be revoked.

(2) That the Council acting as the Port Sanitary Authority for the Port of Preston, do hereby establish, under Article 10 of the Port Sanitary Regulations, 1933, the undermentioned mooring stations for ships arriving at Preston, viz. :—

(a) One of the mooring buoys in the centre of the Albert Edward Dock;

(b) " breasted off " at the place of mooring, discharge or loading.

(3) That the mooring place referred to at (a) above is for " infected " or " suspected " ships; and that at (b) for all other unhealthy ships.

(4) That a standing exemption from detention under Article 14 be granted by the Medical Officer of Health in respect of ships with infectious diseases other than cholera, plague, yellow fever and smallpox on board, and ships otherwise clean arriving from ports in areas listed underArticle II.

(5) That when necessary, this Authority will convey the officers of the Customs and Excise Department to the mooring place referred to at (a) above, free of expense to the Crown.

(6) That the resolution of the Council of the 25th July, 1912, fixing places of quarantine, be rescinded.

All vessels are visited upon arrival by the Port Sanitary Inspector.

The following arrangements for notification of the Port Sanitary Authority of the arrival of inward vessels requiring special attention are in operation.

H.M. Customs and the Pilots are in touch with shipbrokers who have wireless and other information as to probable time of arrival.

The barge repair depôt in the river just below Lytham about 9½ miles from Preston, is in telephonic communication with H.M. Customs and the Pilots.

All vessels are boarded by the Port Sanitary Inspector and some by the Port Medical Officer as detailed above.

The following arrangements for the disposal of cases of infectious disease and for observation or surveillance of contacts are in being.

Cases of infectious disease are removed to a special ward at the Borough Isolation Hospital approved for the purpose by the Ministry of Health.

Contacts will be kept under observation or surveillance on the ship by the Port Medical Officer.

Infected quarters are disinfected by fumigation by sulphur dioxide by the Port Sanitary Inspector. Infected bedding and clothing are removed by van to the Corporation Disinfecting Station in Argyll Road.

Cleansing of persons is carried out at the above station.

Ambulance facilities are provided from the Isolation Hospital.

Venereal Disease.

Enquiries as to the existence of these diseases are made by the Port Sanitary Inspector. Leaflets and posters printed in English, Norwegian and Swedish are distributed and displayed. Treatment, free of cost, is provided at the Preston Royal Infirmary.

Bacteriological examinations are carried out at the Public Health Laboratory, Manchester, and at the Preston Royal Infirmary.

There were no cases of infectious disease landed from vessels, nor were any such cases reported to have occurred during the voyage.

5. Measures against Rodents.

Steps taken for detection of rat plague.

Enquiries are made by the Port Sanitary Inspector and the rat-catcher as to mortality among rats and any undue mortality reported to the Port Medical Officer who makes the necessary arrangements with the Laboratory of the Preston Royal Infirmary, for bacteriological examinations.

The passage of rats between ship and shore is prevented by rat guards placed on cables.

Ships are deratised mainly by dogs, ferrets and traps, in some instances supplemented by fumigation by means of sulphur dioxide.

Premises in the vicinity of the ships are subject to daily poison baiting. Lithographer's varnish, traps, dogs and ferrets also being used.

A whole-time rat-catcher is employed in Port Sanitary work

The following is a summary of his work :—

Poisoned baits set	6400
Caught by traps on board ship	41
Caught by traps, dogs and ferrets in dock premises ...	1399
Found killed by poisoned baits and lithographer's varnish	2793
Total rats killed	4233

The major part of the ground floor space in the warehouses is constructed of concrete.

No action has been taken to extend rat-proofing of ships or on shore.

6. Food Inspection.

Public Health Imported Food Regulations, 1925.
Public Health Imported Milk Regulations, 1926.
Public Health Preservatives in Food Regulations, 1925-1927.
Merchandise Marks Act, 1926.
No food to which these regulations apply enters this port.

Public Health (Regulations as to Food) Act, 1907.

LIST OF IMPORTED ARTICLES INSPECTED.

Indian Corn, Wheat, Sugar, Potatoes.

LIST AND WEIGHT OF ARTICLES CONDEMNED AND DESTROYED.

Nil.

The Preston (Shell Fish) Regulations, 1923.

These regulations forbidding the picking of mussels for human food, in the estuary of the River Ribble, came into force in October, 1923. Since then placards have been posted in prominent places on both sides of the river and at Preston. The placards and notices were renewed during 1935, and were supplemented by others warning the public against the danger of their being used for human consumption. All the fishermen on both the north and south sides of the river and at Preston have been served with copies of the notices. The mussel beds have been visited regularly by Inspector Henry S. Holden, who paid 14 visits to these beds during 1935. During the past year special precautions were taken regarding the inspection of cockles brought by the boats and conveyances from the Ribble beds, with a view to ascertaining the presence of mussels amongst them. Tanks have been constructed at Lytham for the cleansing of mussels, and are being freely used for the benefit of fishermen at both sides of the river.

7. The Hygiene of Crew's Spaces.

In many of the vessels arriving in Preston the crew's spaces, particularly as regards air space, ventilation and lighting, are far from satisfactory. The Scandinavian ships on the other hand are as a rule well designed and form a marked contrast.

In my opinion, action by the Board of Trade with regard to crew's quarters is urgently needed.

APPENDIX
TO
SECTION III.

TABLE IIIA.

Amount of Shipping entering the Port Sanitary District during the Year 1935.

		Number	Tonnage	Number Inspected		Number reported to be defective	Number on which defects were remedied
				By the Med. Officer of Health	By the Sanitary Inspector		
Foreign	Steamers	220	250280	15	220	140	138
	*Motor	12	43518	6	12	...	...
	Sailing	...	...	...	...	...	...
Total Foreign ...		232	293798	21	232	140	138
Coastwise	Steamers	1181	212517	37	1075	160	152
	*Motor	24	8497	4	24	...	...
	Sailing	...	...	...	...	...	...
Total Coastwise ...		1205	221014	41	1099	160	152
Total Foreign and Coastwise ...		1437	514812	62	1331	300	290

Number of vessels reported as having, or having had during the voyage, infectious disease on board—NIL.

*Includes mechanically-propelled vessels other than steamers.

TABLE IIIB.

Rats destroyed by dogs, traps and ferrets, and number of Baits set for destruction of Rats in 1935.

Number of	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov	Dec.	Total In Year
Brown Rats	157	137	106	136	109	103	108	130	103	142	122	117	1470
Black Rats	293	256	199	254	205	194	203	243	207	264	227	218	2763
											Total...		4233
No. of Baits set.	759	578	507	630	473	443	499	488	464	549	511	499	6400

TABLE IIIb.—Continued.

By Baits.								By Traps or Dogs			By other Methods.		
Phosphorus		Squills		Barium		Varnish		Warehouses	Ships	Docks	Warehouses	Docks	Total
Set	Taken	Set	Taken	Set	Taken	Set	Caught						
2035	914	2146	932	2219	947	...	...	1282	41	117	...		Set 6400 Taken 4233

TABLE IIIc.

Report of Port Sanitary Work for the Year 1935.

Foreign	Steamships inspected	220
	Sailing Vessels inspected	—
	Motor Boats inspected	14
	Re-inspections	287
Coastwise	Steamships inspected	1075
	Sailing Vessels inspected	—
	Motor Boats inspected	22
	Re-inspections	618
Condition of all Vessels inspected	Good	1031
	Defective — Foreign 140 Coastwise 160	300

Foreign— 22 Wear and Tear ; 388 Dirty.
Coastwise—11 Wear and Tear ; 493 Dirty. } Total 914

DEFECTS REMEDIED—

Forecastle re-painted	—
,, cleansed	208
Dirty Lockers, Washhouses, Store Rooms, etc., cleansed	295
Foul Water Tanks cleansed	1
Foul and defective W.C.'s cleansed and repaired	273
Accumulations of Offensive Rubbish removed	47
Damp Quarters remedied	—
Leaky Decks overhead caulked and Defective Hawse Pipes repaired	—
Defective Port-lights, Sky-lights and Dead-lights remedied	13
Defective Lavatory Waste Pipes, and Ventilators repaired	6
Defective Stove replaced	—
Dirty Galleys cleansed	44
Dirty Chain Lockers	—
Total	887

TABLE IIId.

Trade of Port.

The Chief Imports	Source	The Chief Exports	Destination
Wood Pulp	Esthonia, Germany Sweden, Norway, and Finland	General	Dublin, Belfast and Baltic Ports
Timber	Canada, Norway, Russia, Germany, Sweden, Finland, Esthonia, Poland, Yugo-Slavia and U.S.A.	Coal and Coke	Ireland, Baltic Ports and Greenland
Stone	Norway, Wales, Scotland and Ireland	Machinery	Ireland
China Clay	Cornwall and Devon	Salt Cake	Baltic Ports
Potatoes	Ireland	Gas Retort Carbon	France
Live Stock	Dublin	Petrol	I.O.M., etc.
Cement	London and Hull	Bitumen	Belfast, Dublin and I.O.M.
General	Sweden, Belfast, Dublin, Germany, Norway & Finland	Scrap Iron	Poland and Holland
Whiting	London and Cornwall	Bricks	I.O.M.
Motor Spirit	London and other Coastwise Ports, U.S.A., Black Sea, Dutch West Indies and Persian Gulf		
Slates	Wales and Norway		
Roof Tiles	France		
Round Timber	Scotland & Ireland		
Grain	Belfast, Dublin, Liverpool, Germany, Belgium, France and Holland		
Sugar	Hamburg		
Bog Ore	Holland		
Pitwood	Scotland		
Bitumen	Cuba, Germany, Russia, U.S.A. and Southampton		
Pyrites	Spain		
Paper	Esthonia, Finland, Norway, Germany and Sweden		
Pit Props	Russia		

IV.—Food.

A.—MILK SUPPLY.

Milk retailed in the Borough amounts to approximately 6,220 gallons daily, or eight and a half ounces per head per day as against 6,338 gallons daily and eight and a half ounces per head per day in 1934.

(a) Produced Daily in the Borough—

17 Cowkeepers in the Borough produced ... ... 751 gallons of which amount only 238 gallons were sold retail in the Borough.

(b) Retailed Daily in the Borough—

74	Dairymen with premises in the Borough	1996	,,
17	Resident kitters using premises outside the Borough	333	,,
22	" Mixed Business " shopkeepers	594	,,
12	Cowkeepers in the Borough	238	,,
129	Dairy Farmers with premises outside the Borough	2303	,,
200	Purveyors of ungraded bottled milk	295	,,
25	Purveyors of Grade " A " milk	276	,,
1	Purveyor of Grade " A " (T.T.) milk	1	,,
2	Purveyors of " Certified " milk	4	,,
2	Producers of " Pasteurised " milk	30	,,
1	Retailer of " Pasteurised " milk	150	,,
		6220	

In addition to the above the recently introduced scheme of milk supply to schools has resulted in the provision of 416 gallons per day in respect of 10,000 children; the whole of this amount is pasteurised.

Nineteen samples of graded milks were taken during the year, and all were found to be free from tubercle bacilli infection.

There are about 420 milking cattle on farms in the Borough. These are kept in 17 different premises which have been visited quarterly during the year and reports with regard to the sanitary condition of the cowsheds and the health of the cattle have been prepared and copies forwarded to the owners.

The condition of some of these premises is very unsatisfactory. Owing to rapid building developments of the suburbs, owners are unwilling to make any costly repairs. However, all stock is subject to veterinary inspection every three months; this in itself giving greater security to the milk supply. As a result of these inspections four animals were removed from the milking herds and dealt with under the Tuberculosis Order, 1925.

A roll of Accredited Producers under the Milk Marketing Board's scheme was officially adopted and came into operation on May 1st, 1935. Accredited milk is Grade " A " milk for which the producer receives a bonus of 1d.

per gallon from the Milk Board to recoup him for the extra cost in the production of cleaner milk. Up to the end of the year, two of the larger farmers in the Borough had become " Accredited " producers.

The supply of milk to the school children under the Board of Education's scheme has been in operation for the whole year and owing to the unsafe condition of the milk supply pasteurisation was adopted from October, 1935. All milk supplied to schools should be from " Accredited " producers in addition to being pasteurised. At present the greater portion of this milk is of such a designation.

Pasteurisation of milk takes place in two premises in the Borough; all the milk being of the " Accredited " type. Constant supervision is essential to control the effectiveness of pasteurisation, and frequent samples are taken to ensure that the milk conforms to the bacteriological standard laid down by the Ministry of Health.

1. Tuberculosis in Milk.

Three hundred and fifty-three samples of market milk were taken for the purpose of examination and of these, 28, or 7.93 per cent. were found to be positive. All these positive samples were from farms outside the Borough. Included in the above numbers were seven samples of milk supplied to schools, all of which were found to be free from tubercle bacilli.

The Veterinary investigation of 28 positive samples, undertaken by the Lancashire County Council, necessitated visits to approximately 32 farms and the examination of about 951 milking cattle. Eighteen cows were traced as sources of infection, eleven showing clinical evidence of disease (ten of these were affected in the udder at the time of inspection.) Nine cows gave positive evidence of the disease by microsopic examination of the milk and these were immediately removed and slaughtered under the Tuberculosis Order, 1925. Nine others were discovered through the biological examination of their milk, and in some of these, several inspections had to be made before the affected animal was found. In fourteen of these investigations the results were negative, in six however, there was information to show that cows had been moved from the farms before the arrival of the Veterinary Officer, and it is probable that in these cases the affected animal was among them. In the remaining eight cases where negative results were obtained, transient or indirect infection due to dung contamination, the drying off (temporary removal) of possibly affected cows, and the mixing of milks of two or more farms would account for these failures to trace infecting cows.

In addition there were 16 special samples taken during the routine inspection of cows on farms in the Borough. The samples were from cows showing some abnormality of the udder, and were taken at the time of their clinical inspection. Three of these samples were found to be positive, and the animals from which the samples were taken were immediately removed from the milking herd and dealt with under the Tuberculosis Order, 1925.

The clinical inspection of milking cattle is long overdue in the County area. Routine inspection has a definite uplifting effect on the cowkeeper. It encourages him to carry out his responsibilities and makes it possible for animals with clinical tuberculosis of the udder to be detected in the earliest stages. By these means much tubercular infected milk would be excluded from the market. Until this is done, raw milk unless from Accredited or Attested herds will remain as it has been in the past, a very unsafe food for children.

2. Examination of Milk in the Borough Laboratory.

Three hundred and fifty-three samples were examined during the year by the Veterinary Officer. This examination consists of :—

(1) Physical test for dirt contamination.
(2) Babcock test for estimation of butter-fat.
(3) Test for keeping quality.

Of the samples examined, 153 were found to be unsatisfactory on account of either manurial contamination, deficiency in butter-fat, premature souring or other defect.

3. Bacteriological Examination of Milk.

This examination is carried out at the Pathological Laboratory of the Preston Royal Infirmary. 364 samples were submitted during the year, of which 93 showed freedom from colon bacilli, and 12 showed a high degree of contamination by these organisms. The following table gives an analysis of the results obtained :—

Colon bacilli negative in 1 c.c.	Colon bacilli present in dilutions of a cubic centimetre			
	A 1 c.c.	B 0.1 c.c.	C 0.01 c.c.	D 0.001 c.c.
93	164	77	18	12

The interpretation of the above statement indicates in columns A and B slight unavoidable contamination, in column C avoidable contamination, and in column D gross and avoidable contamination.

The Public Health Department works in close co-operation with neighbouring authorities in its endeavours to obtain a cleaner and safer milk supply. Notification is sent to the retailer of every sample found to be unsatisfactory on account of bacteriological or physical contamination. In the case of the latter, a portion of the filter pad is sent to the retailer. The appropriate Sanitary Authority is also notified in cases of contamination so that investigations can be made at the source of production. This policy of co-operation, although slow in operation, is bound to have beneficial results.

B.—MEAT AND FOOD INSPECTION.

	Veterinary Officer	Meat Inspector
Visits to public slaughterhouses	282	307
,, private slaughterhouses	1461	527
,, butchers' shops	663	522
,, food markets	169	293
,, cattle market and saleyard ...	171	143
,, cowsheds, dairies and milkshops...	81	37
,, food-preparing premises	60	437
,, other premises	55	23
,, shops, stores, etc., to inspect fresh meat brought into the Borough	39	21
Cattle floats inspected	81	675
,, ,, "notices to cleanse" served ...	1	15
Visits under Merchandise Marks Act ...	9	327
,, ,, Contagious Diseases of Animals Act	57	—

1. Retail Markets.

Meat is retailed on Saturdays from 14 stalls on the Covered Market. Fish is sold on five days of the week from 12 stalls, whilst fruit and vegetables, poultry, eggs and cheese are sold on Mondays, Wednesdays and Saturdays from numerous stalls. Inspection is undertaken for the detection of unfit food; to ensure that food is handled in a hygienic manner; and to enforce the marking of imported foodstuffs as required by the Merchandise Marks Act, 1926.

A review of the visits during 1935 shows that the quality of the food exposed for sale continues to be good. In a few cases, odd fowls in bad condition were surrendered to the Inspector.

With regard to hygienic handling of food one must observe that a canvas-covered stall is not the best method by which to display meat in an open market, as it is impossible to protect it efficiently from dust, motor fumes, etc. Nevertheless, except for occasional verbal instructions, it has not been necessary to take action under the Meat Regulations, 1924.

In the fruit and poultry section there is need for garbage containers to be placed at intervals in the market and emptied regularly.

The previous report stressed the need for an enclosed market for the sale of foodstuffs. It is true that the Meat Regulations, 1924, require traders to protect their meat with canvas screens (which are quite inadequate under certain weather conditions for the efficient protection of the meat), but with regard to poultry, rabbits, cheese and other foods, no such protection is legally required or given. The public demands better conditions for the marketing of foodstuffs and unless these are provided the private traders with more suitable premises will take the place of the market stallholders.

Imported apples, tomatoes, salmon and sea-trout are articles which it is necessary, under the Merchandise Marks Act, 1926, to mark with an indication of the country of origin. Continual supervision is necessary to enforce the Orders made under this Act. It is very seldom that imported meat is offered for sale on the market.

2. Fish Markets.

There is a wholesale fish market in the early morning at the L.M.S. Railway station in addition to the daily retail sales on the Covered Market. The quality of the fish is satisfactory. One hundred and ninety-eight visits were made during the regular supervision of the wholesale market, and the retail markets are also under close observation. 1,996 tons of wet fish, 171 tons of dry fish, 19 tons of shell fish and 147 tons of rabbits, poultry, etc., reached the wholesale market, and of this amount 6 tons, 19 cwts. were condemned and destroyed.

3. Food Preparing Premises.

The following is a list of food-preparing premises registered in accordance with section 45 of the Preston Corporation Act, 1921 :—

Cooked meat manufacturers	37
Sausage and meat pie manufacturers	96
Tripe dressers	5

Four hundred and thirty-seven visits of inspection were made by the Sanitary Inspectors and 60 by the Veterinary Officer.

Visits as shown were made to the undermentioned premises under section 72 of the Public Health Act, 1925 (dealing with the sanitary precautions necessary where food is stored) or the Public Health (Meat) Regulations, 1924 (conditions to be observed where flesh meat is sold) :—

	Premises		Visits
Beef and pork butchers	192	...	102
Fried fish shops	163	...	79
Other premises, including cold stores ...	35	...	78

There has been no change in the number of fried fish shops during the year.

4. Private Slaughterhouses.

There is no change in the number of private slaughterhouses. Nine are used for the slaughter of cattle and sheep and one is devoted entirely to pigs. The former are annually licensed and are subject to a review. With the modern outlook on housing problems, the relationship between some of these private slaughterhouses and surrounding dwellinghouses needs consideration. Control is satisfactory and all bovine and pig carcases are inspected before removal.

5. Public Abattoir.

A detailed report has already been rendered stating the necessary improvements and alterations with regard to the buildings, washing and storage accommodation for the use of the slaughtermen, manure disposal and lighting.

The prohibition of the slaughter of pigs on farms by the Preston Rural District Council which will operate from July, 1936, and the Bacon Marketing Board's recommendation that pigs should be slaughtered in suitable slaughter-houses, will necessitate the provision of increased accommodation at the Public Abattoir; this it is understood will be provided. The present method of slaughtering pigs remains unsatisfactory and with the enlargement of the killing accommodation, it is hoped that this matter will receive attention.

The isolation of the Public Abattoir from the livestock market is desirable for many reasons, and has been advocated in past reports. The Slaughter of Animals Act, in so far as the stunning of cattle and sheep and the licensing of slaughtermen are concerned, has been complied with satisfactorily. The total number of licensed slaughtermen on the register is 140, of which number 83 are employed at the Public Abattoir.

C.—DISEASES OF ANIMALS ACTS, 1894-1935.

The Veterinary Officer is responsible for the inspection of all livestock at the Cattle Market under the above Acts.

Our work under this head deals mainly with the prevention of the spread of epidemic diseases and the prevention of cruelty to animals. It is set out in detail in the following paragraphs.

There are three markets per week, on an average, viz :— for store cattle, fat stock and dairy cattle. In addition, sheep are penned by dealers on other days for distribution to private customers.

The sale of Irish animals is authorised on four days per week in specified parts of the market. The following figures show the number of animals passing through the Cattle Market and Saleyard :—

Cattle	Sheep	Pigs	Calves	Horses	Total
50852	124782	34399	14654	1657	226344
this is an increase on the figures for 1925 (ten years ago) of :—					
17035	42025	17211	3150	178	82557
31%	33%	50%	21%	10%	32%

1. Anthrax.

There have been several suspected cases, and one in which form " B " was served and the Anthrax Order put into operation. Laboratory tests by the Ministry showed the cause of death not to be Anthrax. Microscopical examinations of blood from carcases have been made where sudden or unexplained death has occurred in cattle, sheep or pigs.

2. Foot and Mouth Disease.

There have been no outbreaks. In the beginning of the year, there was a danger of infection from a consignment of sheep brought into Preston from a northern market, which was afterwards pronounced to be infected. These sheep were eventually traced to slaughterhouses where they had been disposed of. The market premises occupied by them were thoroughly disinfected, and no further infection resulted.

There have been no restrictions on the market during the year, but on June 20th and November 26th, the Foot and Mouth Disease (Infected Area) Order became operative in parts of the County and in the County Boroughs of Blackburn, Manchester, Salford, Bolton, etc. These restrictions, however, were removed at a later date. The number of outbreaks throughout the country was 56, involving the slaughter of 2,900 cattle, 7,000 sheep, 2,543 pigs and 1 goat. In 1934, 79 outbreaks occurred which necessitated the slaughter of 10,302 animals.

3. Parasitic Mange.

One case has been under investigation and control. The Parasitic Mange Orders of 1911 and 1918 were put into operation.

4. Sheep Scab.

Although this disease appears to have been prevalent in certain parts of the Country, no cases have been observed in sheep exposed for sale at the Cattle Market. Enquiries have been made with reference to certain consignments of sheep arriving from infected premises or having been in contact with infected sheep. These were traced through the agency of dealers whose record books of the movement of animals have been subjected to inspection, and suspected sheep, if still alive, were kept under observation until finally slaughtered.

5. Tuberculosis.

Four animals have been dealt with under Article 4 of the Tuberculosis Order, 1925. These were discovered during routine inspection of dairy herds in the Borough. The sum of £24 0s. 0d. was paid to the owners as compensation, and £15 15s. 0d. was obtained in salvage. Three-quarters of the difference is paid by the Ministry of Agriculture.

Under Article 12, 16 animals were removed from the Cattle Market during the process of livestock inspection there.

Under Article 5, 65 bovines sent in for slaughter for food purposes by other Local Authorities were submitted to careful post-mortem examination before being released. Particulars are included in Table IVb. Table IVd gives the figures of the three classifications.

6. Epizootic Abortion.

This widespread disease of cattle is only partially controlled by the Epizootic Abortion Order, 1922, which prohibits animals prematurely calved being exposed in a public market until two months have elapsed. The relationship between this disease and undulant fever in man and the occasional presence of the bacillus in milk has created additional evidence of the need for stricter control. One case of undulant fever has been reported in a man who worked on a dairy farm in the Borough, but there was no clinical evidence of abortion amongst the dairy stock on this farm at that particular time.

7. Swine Fever.

The Lancashire Swine Fever (Infected Area) Order of 1934, which again came into operation on January 1st, 1935, was revoked on June 10th, thus indicating that the prevalence of swine fever in the County had subsided to its normal proportions. There have been no outbreaks of the disease in the Borough. On the other hand, a large number of pigs has entered the Borough under licence for immediate slaughter which have come from suspected or infected premises, and these have been subjected to a rigorous post-mortem examination. The table of condemnations shows that nearly 800 lbs. weight of pork has been condemned for swine fever. The pig lairs at the Cattle Market are subject to frequent visits and all live pigs exposed therein are inspected before being offered for sale. Inspections are made of all premises where pigs are kept in the Borough. There are 18 premises with approximately 900 pigs.

8. Rabies.

One suspected case was reported. The animal was destroyed before inspection could take place, and investigation gave no evidence of the presence of the disease. The country as a whole continues to be free from rabies.

9. Orders issued by the Ministry of Agriculture and Fisheries.

Date of issue, 1935.	Title of Order.
Jan. 31.	Lancashire Swine Fever (Infected Area) Order. This Order was revoked on June 10th.
June 28.	Animals Importation (Amendment) Order, 1930.
Feb. 26.	Foreign Hay and Straw (Amendment) Order, 1935.
June 28.	ditto No. 2.
Sept. 2.	ditto No. 3.
Nov. 30.	ditto No. 4.

In addition to these Orders, the Diseases of Animals Act, 1935, dated August 2nd, was published. This new Act revokes the following :—

A portion of Para. 5, Part 2, 3rd Schedule of the 1894 Act,
The whole of the Poultry Act, 1911.
Section V of the Importation of Animals Act, 1922 (Session 2).
Sub-section 3 in Section I of the Importation of Pedigree Animals Act, 1925.

Part 1 applies to poultry, diseases, cleansing and disinfection.

Part 2 applies to the regulation of the manufacture of Veterinary Therapeutic Substances.

Numerous Orders defining Foot and Mouth Disease infected areas were also issued, none of which affected Preston. Under Section 49 (4) of the Diseases of Animals Act, 1894, in addition to advertisements in the press, posters of all important Orders are displayed on a notice board erected for this purpose at the Cattle Market.

10. Markets Sales and Lairs Order, 1925.

This Order requires the cleansing and disinfection of all market premises occupied by livestock. It includes the Auction Market, Open Cattle Market, Railway Loading Dock and three privately owned lairs adjoining the Cattle Market. In order to facilitate proper compliance with this Order, a sound and impervious condition of the surfacing of the lairs is necessary. Recommendations as to the necessary repairs have been made. One private lair has been resurfaced with satisfactory results, and other repairs are to be undertaken on the Market premises.

11. Transit of Animals (Amendment) Order, 1931.

This Order deals with the cleansing and disinfection of cattle floats and the conveyance of livestock.

Seven hundred and fifty-six floats were inspected during the year by the Veterinary Officer and Meat Inspector. Sixteen notices to cleanse and disinfect were served on men in charge, in addition to verbal warnings.

Forty-nine notices were served on owners or their agents prohibiting the movement of animals from the Market owing to their unfit condition to travel through various causes. These notices were served in respect of two cows, 11 calves and 37 pigs; the animals were slaughtered in the adjoining abattoir. The washing plant has been kept in constant use during the year except when weather conditions made it impracticable to use water. Owing to the increased number of vehicles operating from the Cattle Market, it has been previously recommended that the plant be removed from the abattoir premises, on the grounds of traffic congestion and for sanitary reasons.

12. Importation of Livestock from Ireland under the Animals (Landing from Ireland, etc.) Order, 1933.

The following animals were landed at the Port of Preston :—cattle, 21,621; sheep, 26,868; pigs, 203; horses, 4; total, 48,696. This is a reduction on last year's figures of 15,781. The lairage is under the control of the Ministry of Agriculture and Fisheries. Animals unfit to travel are slaughtered under their direction and afterwards are inspected for food by the Council's Officers. There were 93 casualties—86 sheep, six cattle and one pig.

The Corporation, in exercise of the powers vested in it by the above Order, has from time to time made regulations authorising the use of certain portions of the Cattle Market as lairs and for the sale of Irish animals. The sale of animals has been extended to four days per week. All animals received at the Auction Market are kept in authorised parts and examined and checked with their accompanying licences. Their future movements are controlled by a further licence necessitating six days detention at their destination.

13. Protection of Animals Act, 1911.

Two owners were prosecuted for exposing young calves in an unfit condition. Each defendant was fined 20/- and two guineas costs.

Fourteen warning letters were sent to owners of 21 dairy cattle with reference to overstocking whilst exposed for sale in the Auction Market. Notices have been posted warning dairy farmers and dealers of their liabilities to prosecution under Section I of the above Act.

In order to prevent overstocking, the udders of all dairy cattle are individually examined during every sale.

14. Conveyance of Live Poultry Order, 1919.

This Order, made under the Diseases of Animals Act, in accordance with the Poultry Act, 1911, provides for the protection of live poultry when travelling or exposed for sale and the cleansing and disinfection of crates and vehicles.

All live poultry exposed for sale are inspected under the above provisions. Dealers and others have been warned with regard to the proper cleansing and disinfection of poultry crates.

D.—FOOD AND DRUGS (ADULTERATION) ACT, 1928.

Two hundred and eighty-eight samples of various foods and drugs were submitted for analysis during the year, and 10, or 3.47 per cent., were found to be adulterated, compared with 6.44 per cent. in 1934 and 7.9 per cent. in 1933. The following summary shows details of samples taken :—

	MILK			WINES AND SPIRITS			DRUGS		
	Number examined	Number adulterated	Percentage adulterated	Number examined	Number adulterated	Percentage adulterated	Number examined	Number adulterated	Percentage adulterated
Number of Samples ...	53	6	11·32	7	...	...	37	1	2·70
Informal	7	1	12·85	7	...	...	37	1	2·70
Formal ...	46	5	10·86	...	...	...	...	...	...

	OTHER ARTICLES			TOTAL			
	Number examined	Number adulterated	Percentage adulterated	Number examined	Number of samples per 1000 of population	Number adulterated	Percentage adulterated
Number of Samples ...	191	3	1·57	288	2·48	10	3·47
Informal	191	3	1·57	242	...	5	2·06
Formal ...	...	...	...	46	...	5	10·86

Milk.

A cautionary letter was sent by the Town Clerk in all cases where the analysis of the formal sample showed the milk to be unsatisfactory.

Drugs.

In the one instance where the analysis of the sample was unsatisfactory a cautionary letter was sent by the Town Clerk drawing the attention of the vendor to such result and warning him that proceedings would be taken in any future similar case.

Other Articles.

Personal visits were made to vendors where the analysis of informal samples was unsatisfactory, and letters were sent to the manufacturers requesting the withdrawal of similar stock.

Ice Cream.

Number of persons selling ice cream	185
Number of persons manufacturing ice cream ...	157

Twenty-five visits were made to traders' premises, which were found to be satisfactory.

Artificial Cream Act, 1929.

During the year one firm was registered to sell artificial cream.

Margarine.

Since 1900 38 firms have been entered on the register; of this number, 23 are still in business.

E.—ACTION TAKEN UNDER OTHER ACTS.

1. Fertilisers and Feeding Stuffs Act, 1926.

There are eight firms selling fertilisers only, 12 feeding stuffs only, and five both feeding stuffs and fertilisers, a total of 25 traders, who are dealing with approximately 2,000 tons of fertilisers and 32,000 tons of feeding stuffs annually.

Twenty-five samples of feeding stuffs and nine samples of fertilisers were submitted for analysis. Seven samples of feeding stuffs were incorrect, as they were not in accordance with the statutory statement, giving a percentage of 72.0 correct, compared with 59.09 per cent. in 1934 and 46.0 per cent. in 1933. Four samples of fertilisers were incorrect giving a percentage of 55.5 correct. Visits were made to the vendors to draw their attention to these errors.

Since the Act came into force, no request has been made for a formal sample to be taken.

2. Merchandise Marks Act, 1926.

Orders in Council made under the Merchandise Marks Act, 1926, relate to the marking of the following imported produce :—

Fresh apples,
Raw tomatoes,
Eggs in shell (i.e. hen and duck eggs),
Dried eggs.
Currants, sultanas and raisins,
Oat produce (i.e., oatmeal, rolled oats, oat flour and groats),
Honey,
Frozen or chilled salmon,
Frozen or chilled sea trout,
Butter,
Bacon and Ham (not cooked, canned or potted prior to importation),
Dead poultry (i.e., ducks, fowls (excluding guinea fowl), geese and turkeys),
Meat,

The Orders apply to goods on sale and on exposure for sale wholesale, as well as by retail, and generally on importation also.

There is no alteration in the goods requiring marking on those of 1934.

Visits to markets and shops numbered 639, and although verbal warnings for non-compliance were given, it was not considered necessary to take further action.

APPENDIX TO SECTION IV.

TABLE IVa.

Number of Animals Slaughtered and Inspected with Increase or Decrease as compared with 1934.

	Cattle		Sheep		Pigs		Calves	
	Killed	Inspd*	Killed	Inspd*	Killed	Inspd*	Killed	Inspd*
Public Abattoir ...	4441 *+466*	4448 *+463*	26215 *- 1754*	26317 *- 1714*	3333 *+411*	4086 *+515*	548 *- 125*	551 *- 125*
Private Slaughter-houses	2723 *+64*	2723 *+64*	15203 *- 800*	13744 *- 376*	2459 *- 417*	5821 *- 1150*	233 *+56*	233 *+56*
Totals	7164 *+530*	7171 *+527*	41418 *- 2554*	40061 *- 2090*	5792 *- 6*	10907 *- 635*	781 *- 69*	784 *- 69*

*Country-dressed carcases submitted for inspection are responsible for the increase shewn in the number of animals inspected as compared with the number killed.

TABLE IVb.

The weight (lbs.) of meat condemned, the cause of condemnation, and the class of animal.

Disease	Cattle	Sheep	Pigs	Calves
Abscess	1061	19	438	9
Actinomycosis	594	...	...	...
Angioma (Liver)	352	...	...	...
Arthritis	5988	...	967	10
Asphyxia	420	409	180	...
Bone Taint	88	...	...	...
Bruising and Fractures	7181	286	1128	103
Cirrhosis (Liver)	557	3	731	...
Congestion	98	34	96	...
Contamination	14	...	536	...
Cysts (including parasitic conditions)	225	154	768	...
Decomposition	464	160	940	120
Distomatosis	10178	375	...	...
Dropsy and Emaciation	15168	735	53	491
Emphysema	25	...	...	...
Enteritis (Acute)	640	40	...	114
Fatty Degeneration (Liver)	495	19	9	...
Fevered and Physicked	27619	112	405	192
Gangrene	1270	...	340	...
Immaturity	...	...	60	3242
Jaundice	...	...	591	...
Johné's Disease	5026	...	...	...
Malformations	...	7	...	26
Malodourous	471	...	...	...
Mammitis (Septic)	5640	122	...	...
Mastitis	2810	...	33	...
Melanosis	10	...	...	...
Metritis	13375	132	...	...
Moribund	...	3280	190	685
Necrosis	...	...	106	...
Neoplasms	512	...	...	...
Nephritis	1804	...	1	...
Oedema	406	...	86	...
Pericarditis (Septic)	1220	...	...	...
Peritonitis	2600	105	89	...
Pneumonia, Pleurisy and Pericarditis	1070	74	1434	45
Pneumonia (Septic)	2430	...	...	...
Pyaemia	1520	...	2154	160
Pyroplasmosis (Red Water)	590	...	...	...
Rickets with Malnutrition	...	...	1602	...
Septicaemia and Cellulitis	1852	20	1547	80
Swine Erysipelas	...	...	1453	...
Swine Fever	...	...	786	...
Tuberculosis	183738	...	28797	515
Unmarketable	...	130	...	...
TOTALS	297511	6216	46520	5792

TABLE IVc.

Number of Animals inspected at Cattle Market and Saleyards, with comparative figures for the four preceding years.

	Cattle	Sheep	Pigs	Calves	Horses	Totals
1935	50852	124782	34399	14654	1657	226344
1934	48942	132218	38449	15238	1438	236285
1933	44363	139386	52480	13391	1392	251012
1932	45983	119591	54252	11654	1392	232872
1931	43342	105525	39856	10574	1286	200583
Other Premises—						
1935	1782	65	955	66	244	3112
1934	1017	......	150	20	450	1637
1933	490	......	118	......	117	725
1932	587	......	120	......	90	797
1931	692	......	335	......	96	1123
Increase or Decrease in 1935 on 1934 ...	+2675	−7371	−3245	−538	+13	−8466

TABLE IVd.

Animals dealt with under the Tuberculosis Order, 1925.

Animals suffering from Tuberculosis	Total	Giving T.B. Milk.	Suffering from		Chronic Cough and shewing definite clinical signs of T.B.
			T.B. Udder	T.B. Emaciation.	
Discovered during routine inspection of dairy herds in the Borough ... ... (Article 1)	4	3	...	...	1
Removed from Cattle Mart (Article 12)	16	...	15	1	...
Sent in by Local Authorities ... ... (Article 5)	65	19	35	1	10

TABLE IVE.

Carcases and Organs condemned for Tuberculosis and other Conditions.

Animal	Whole Carcases	Head	Lungs	Liver	Heart	Spleen	Kidney	Udder	Stomach	Skirts	Mesentery	Intestines
Tuberculosis.												
Cattle ...	200	532	2128	344	163	122	233	185	86	127	229	185
Pigs ...	49	382	767	703	732	10	44	...	35	...	160	82
Calves ...	3	3	24	7	24	1	...	...	...	...	...	...
Other Conditions.												
Cattle ...	164	25	67	782	11	7	52	525	7	13	20	19
Sheep ...	122	1	20	221	18	...	2	...	...	...	...	...
Pigs ...	84	19	299	328	304	40	42	20	116	1	103	111
Calves ...	87	3	1	2	1	...	2	...	...	...	1	1

V.—Prevalence of, and Control over, Infectious Diseases.

A.—GENERAL.

1935 was a measles year. After a preliminary flourish in spring, measles made itself felt heavily in the last two months of the year. Fortunately the mortality was light. Diphtheria was slightly more prevalent and slightly more fatal. Scarlet fever and erysipelas were on the down grade. There was an increasing use made of the Isolation Hospital for the treatment of the latter condition. The mortality from infectious diseases forms only two per cent. of the total mortality from all diseases.

1. Diphtheria.

	1935	1934	1933	1932	1931
No. of cases notified	259	220	24	38	64
No. of deaths	12	8	1	1	4
Case incidence per 1,000 population	2.23	1.88	0.204	0.32	0.53
Mortality per 1,000 population ...	0.103	0.068	0.008	0.008	0.033
Mortality per cent. of cases notified	4.63	3.63	4.17	2.63	6.25

Reference was made in last year's report to an outbreak of diphtheria which began in September and reached its peak in December, 1934. Seventy-two cases occurred in December and a severe strain was put on the accommodation at the Isolation Hospital. The number of cases notified in January of the year under review fell to 46, about the same in February and also in March, with a rapid fall during the spring and summer months. The number of cases notified during the year was slightly higher than in the previous year. There was a tendency for the disease to be slightly more severe in type, especially laryngeal cases. As before, the bulk of the cases were between five and ten years of age. Park Ward provided the largest number of cases, followed closely by Deepdale Ward, repeating the experience of 1934.

Immunization of school children was begun at the end of the year.

2. Scarlet Fever.

	1935	1934	1933	1932	1931
No. of cases notified	254	320	324	394	175
No. of deaths	2	2	—	1	1
Case incidence per 1,000 population	2.19	2.73	2.75	3.32	1.44
Mortality per 1,000 population ...	0.017	0.017	—	0.008	0.008
Mortality per cent. of cases notified	0.79	0.62	—	0.25	0.57

There has been a gradual decline in the number of cases of scarlet fever notified since 1932. There is a slight tendency for the disease to be more prevalent during the winter months and the highest number of cases were reported from Park, Deepdale, Ribbleton and Avenham Wards.

3. Enteric Fever.

	1935	1934	1933	1932	1931
No. of cases notified	5	1	5	9	9
No. of deaths	1	—	1	—	1
Case incidence per 1,000 population	0.043	0.009	0.042	0.075	0.075
Mortality per 1,000 population ...	0.008	—	0.008	—	0.008
Mortality per cent. of cases notified	20.0	—	20.0	—	11.1

Three cases of true typhoid fever were notified and two cases of paratyphoid B. The original case of typhoid fever was only found on post mortem, and two secondary cases arose in the same household. There was a history of the consumption of mussels but as this was the only case occurring in connection with this particular article of food and as a considerable time had elapsed between it and diagnosis of the case, the origin could be traced no further.

The two remaining cases were cases of paratyphoid B., the origin of which could not be traced.

The four cases diagnosed in life suffered a short illness and made good recoveries.

4. Erysipelas.

There were 43 cases of erysipelas notified as compared with 68 in the previous year. Twenty-one cases were treated at the Isolation Hospital, all of which recovered.

5. Pneumonia.

One hundred and eighty-two cases were notified. One hundred and forty-six deaths occurred from all forms of pneumonia, compared with 94 in the previous year, and 25 from influenzal pneumonia, compared with 21 last year. Notification of pneumonia is incomplete and unsatisfactory.

6. Encephalitis Lethargica.

One further case of this disease was notified during the year. Two deaths were attributed to this cause. A report on the condition of health of the survivors among all cases notified to the Health Department, numbering 31 persons, was given in the report for 1931.

7. Acute Anterior Poliomyelitis.

No new cases of acute poliomyelitis (infantile paralysis) were notified.

8. Infective Enteritis.

Notification of infective enteritis is even less complete than that of primary and influenzal pneumonia. Three notifications were received. Nine children under two years of age died of the disease.

9. Chicken Pox.

Chicken pox has continued during the whole year, and 159 cases were notified. Notifications are made by head teachers of schools and parents. The disease caused no mortality.

10. Measles.

In the report for 1934 reference was made to an epidemic of measles which began in 1933, continued during the winter and spring months and dying out towards the end of March. The town then remained practically free from measles until April, 1935, when a general epidemic began. The maximum number of cases occurred in May and June with a fall off in the summer months and a wide-spread increase in October, November and December. It will be noticed that the first of these epidemics in the spring months was only 15 months removed from the 1933-34 epidemic, the main part of the epidemic being separated by some 20 months from the last outbreak. This epidemic had the usual characteristics of being practically confined to children 5-10 years of age, of the suddenness of its onslaught, and the universality of its prevalence. There were 11 deaths, 10 of which were under five years of age, and 33 cases were removed to the Isolation Hospital on account of bad home conditions or complications such as broncho pneumonia.

11. Small Pox.

There were no cases.

Tables relating to vaccination appear in the Appendix to this Section.

12. Whooping Cough.

Whooping cough did not reach epidemic form during the year; the 77 cases which came to our notice occurred evenly throughout the year. There were five deaths, all being children of five years and under.

B.—ISOLATION HOSPITAL.

1. Five hundred and seventy-one cases were admitted, as compared with 606, 390, 459, 325 and 374 in previous years. Twenty patients died, the disease for which they were admitted being, two scarlet fever, fourteen diphtheria, three measles and one tuberculous meningitis.

The total number of operations performed was as follows :—

Tracheotomy	16	(8 fatal)
Intubation	1	
Minor Operation	5	

Classification of cases, length of stay and other details may be found in the tables of the Appendix to this Section.

The Committee have agreed in principle to the addition of a cubicle block for the better isolation of cases and the prevention of cross infections.

2. Enteric Fever.

Five cases were admitted, as compared with two, four and seven in the previous three years. All the cases were clinically and bacteriologically typhoid fever. One case did not belong to the Borough.

3. Scarlet Fever.

Two hundred and thirty-three cases were admitted, as compared with 272, 295, 338, 145 and 180 in previous years. Two deaths occurred, one in a child aged two years, admitted from the Royal Infirmary with an abscess in the lung following empyema. This had been operated upon before the child contracted a mild scarlet fever. The lung condition was the cause of death. The other death was that of a child who developed a rare but severe complication of scarlet fever, namely, infection of the sinuses of the head.

Ten cases on return home gave rise to subsequent cases; in one instance the discharge from hospital was followed by four cases in the same household and the other nine each being followed by a single case. The average interval between discharge of the original case and the occurrence of second case was 17 days, the shortest interval being two days and the longest 42 days. The 13 secondary cases represent 5.91 per cent. of the 220 primary cases, as compared with 3.81, 3.87, 4.32 and 3.57 in previous years.

4. Diphtheria.

Two hundred and fifty-five cases were admitted, as compared with 201, 23, 37, 65, 145 and 108 in previous years. There were 14 deaths. Ten of these deaths, including eight tracheotomies, were due to diphtheria. The remaining four deaths were due to meningitis, pulmonary embolism following burns, broncho pneumonia, and convulsions.

Anti-toxin is administered by the intra-muscular route. The majority of the patients have been given a preliminary dose of 8,000 units before admission. In 15 cases no further treatment was considered necessary, but in the remainder further dosage, according to the severity of the disease, was given as below :—

No. of Patients.	Units of Serum.	No. of Patients	Units of Serum.
4	4,000	34	24,000
108	8,000	15	32,000
1	12,000	2	48,000
75	16,000	1	64,000

5. Measles.

Thirty-three cases were admitted, as compared with 98, 23, 29, 26 and 5 in previous years. There were three deaths, two of which occurred a few hours after admission.

6. Erysipelas.

Twenty-one cases of erysipelas and of septic conditions of the tissues following injuries or other diseases were admitted. There were no deaths.

7. Pneumonia.

One case was admitted.

8. Other Diseases.

Twenty-two cases were admitted in this miscellaneous group, as compared with 13 last year. They were classified as follows:—

Scabies	10	Whooping Cough	1
Ophthalmia Neonatorum	7	Tuberculous Meningitis ...	1
Chicken Pox	1	Diarrhoea and Vomiting ...	1
Mumps	1		

C.—TUBERCULOSIS.

1. Incidence and Mortality of the Disease.

In the year under review the total number of cases of tuberculosis (all forms) notified in Preston was 140 (primary notifications on Form A.)

Of the notifications 96 were pulmonary and 44 non-pulmonary cases. The figures show a considerable decrease from those of the previous year when 181 cases were notified. Improvement has been most marked in the pulmonary cases, these being 37 less than the number of cases (133) in the previous year. The non-pulmonary notifications show little change (44 as against 48 in the previous year.)

The above figures give a notification rate of 1.21 per 1,000 of the population for all forms of the disease. Of this rate the pulmonary form is responsible for .83 and the non-pulmonary for .38 per 1,000 of the population.

The age and sex distribution of the notified cases (primary notifications on Form A), the relative incidence in the different wards of the borough, and the occupations of notified cases, will be found in Tables Va, Vb, and Vi respectively.

Turning to the mortality, the total number of deaths registered in Preston during 1935 as being due to tuberculosis in some form or other was 82; 70 were due to the pulmonary form and 12 were caused by other forms of the disease.

The total number of deaths shows a decrease of 17 from the previous year, when 99 deaths were recorded. Again the decrease is due almost entirely to the pulmonary cases (70 against 85 for the previous year.)

The corrected death rate from all forms was .78 per 1,000 of the population. The pulmonary form was responsible for a rate of .66 while the "other forms" caused a rate of .12 per 1,000 of the population.

It is gratifying to be able to state that the incidence and mortality rates are the lowest yet recorded for the Borough. The figures coincide closely with those recorded for the rest of the country as a whole and testify to the gradual diminution that is taking place in the incidence of the disease.

The ratio of deaths of non-notified persons to the total deaths was as one to four. The majority of these cases were either acute cases who had only actually come under treatment in the terminal stage of the disease or were cases dying in hospital where the diagnosis was only definitely established by post-mortem examination. The age and sex distribution of the deaths is shown in Table ID.

2. Work done during the year.

The following is a summary of the work carried out under the Dispensary organisation.

(a) At the Dispensary.

During the year 361 new patients were examined by the Tuberculosis Officer, either at the Dispensary or at their own homes.

Old patients made 2,179 attendances at the Dispensary for treatment, reports, or observation purposes.

Of the new patients, 134 were diagnosed as suffering definitely from tuberculosis in some form or other, 91 from pulmonary and 43 from non-pulmonary tuberculosis.

The pulmonary cases were classified as follows :—

T.B. –	52
T.B. + Group 1	17
T.B. + Group 2	15
T.B. + Group 3	7
	91

The explanation of the above groupings is as follows :—

Class T.B. – comprises cases of pulmonary tuberculosis in which the tubercle bacilli were never actually found in the sputum examinations.

T.B. + comprises all the other cases in which the presence of tubercle bacilli in the sputum had been demonstrated at some period or other of the disease. This latter class is further sub-divided into Groups, 1, 2 and 3, corresponding approximately and respectively to early, intermediate and advanced stages of the disease.

The non-pulmonary cases were classified as follows :–

Bones and Joints	13
Abdominal	10
Peripheral Glands	18
Other Organs	2
	43

The Tuberculosis nurse made 138 visits to the homes of new patients and 1,805 re-visits to those of old patients.

Table VJ shows in detail, as required by the Ministry of Health, the work done at the Dispensary. This table explains itself and requires little comment, except to say that the addition of the figures in Section D gives a total of 553 cases actually on the Dispensary register at the end of the year. Of these patients 189 were " arrested " cases (86 pulmonary and 103 non-pulmonary.) An " arrested " case means a patient who has remained free from any signs of active tuberculous disease for a period of at least two years. If the " arrested " case continues to remain well for a further period of three years (pulmonary) or one year (non-pulmonary), he can then be removed from the Dispensary register and regarded as permanently cured. Each year a considerable number of such cured cases are removed from the register (60 during the year 1935.) It will be observed also that 215 X-ray examinations were made in connection with the Dispensary organisation. This work has for several years been carried out at the Preston Royal Infirmary by the honorary radiologists of that institution. While it has been very satisfactorily performed under the existing arrangement, it would undoubtedly be of great advantage for the department to have its own X-ray equipment. The scope of this work, which has in recent years become of very great use in the diagnosis and treatment of the disease, could then be greatly extended.

(b) The Chestnuts Sanatorium.

There are no important developments to be reported in connection with this Institution during the year under review.

An analysis of the cases which received treatment at the Sanatorium will be found in Tables VG and VH. These tables show the number of patients admitted, their average length of stay and the average number of beds occupied. It will be observed that 51 patients were admitted, 31 discharged and 20 died in the institution.

These figures show on the whole little variation from year to year. The number of admissions, and consequently of discharges also, is, however, a little lower than in the previous year when 64 were admitted and 47 discharged. The number of deaths is slightly higher, being 20, as against 17 obtaining in 1934. The average length of stay corresponds very closely to that of the previous year.

It is to be remembered that the primary function of this Institution is the isolation of the more advanced and highly infectious cases of pulmonary tuberculosis and hence the results of treatment as regards the individual cases cannot be expected to compare favourably with those at institutions to which cases more likely to be amenable to treatment are sent.

The chief value of the institution thus lies in the preventive side, many homes being freed from the danger of infection to otherwise healthy persons by the removal of infectious cases which are unsuitable for treatment elsewhere.

A scheme of occupational therapy has functioned within a very limited scope for a number of years. Owing to the small size of the institution (30 beds) and the unsuitability of the majority of the patients for any type of work it is not to be expected that this scheme can achieve a great measure of success. There is no doubt, however, that it has proved of some definite use in a small number of cases, chiefly in the direction of helping to relieve the monotony of sanatorium routine. For the men a workshop is provided and an instructor attends when required to teach the elements of carpentry and joinery. The women receive instruction in sewing under the personal supervision of the Matron.

The Sanatorium again tenders its grateful thanks to all those who have so willingly contributed to the patients' enjoyment and entertainment during the winter months.

(c) Residential Treatment.

The average number of beds available to the Corporation during 1935 for the treatment of all forms of tuberculosis, the extent of residential treatment, and the immediate results of such treatment, are shown in Tables VF and VK respectively.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

There was no known instance in which a tuberculous person was engaged in the milk trade.

Public Health Act, 1925. Section 62.

There was no instance in which the Council applied for an order for compulsory removal to hospital of a tuberculous person.

D.—VENEREAL DISEASE.

The number of persons attending the Venereal Diseases Centre at the Preston Royal Infirmary for the first time (641) agrees very closely with previous years—640, 644 and 653 respectively. In the following paragraphs the numbers and percentages for 1934, 1933 and 1932 are given in brackets.

Syphilis.

The number of persons presenting themselves for treatment for the first time, including 17 who were known to have received treatment at other centres for the same condition was 153 (167, 166, 179); 15% of the total cases were in the primary and more easily treated stage (13%, 21%, 11%); 41% of the cases were females (35%, 22%, 36%.)

Fifty-eight (55, 31, 32) were discharged after completion of treatment and final tests of cure. Forty-five (91, 53, 61) persons ceased to attend before completion of treatment; 8 of these were in the primary or secondary stages and in an infectious state.

These cases of syphilis made 5,275 attendances (5,488, 5,606, 6,501.) The average attendance of cases was 11.3 (12.5, 14.5, 16.3) in the case of men, and 14.3 (10.7, 11.6, 15.0) in the case of women.

Two thousand four hundred and forty-three injections of approved arsenobenzene compounds were administered, as compared with 2,007 in 1934; 3,234 c.c. bismuth injections were given in addition.

Gonorrhœa.

Three hundred and fifty-one persons (338, 375, 367) attended for the treatment of gonorrhœa for the first time. A large majority of these were in the early stages of the disease; 32% (31%, 32%, 38%) of all cases of gonorrhœa in men were discharged as cured, while 33% (38%, 22%, 16%) of women were so discharged. The large proportion of cases ceasing to attend before completion of treatment has been commented on in previous reports. The figures are: males—16% (12.9%, 11%, 11%) and females—5.5% (17%, 9%, 5%.)

Males on the average made eight (7, 9) visits to the Medical Officer, and 26 (26, 30) visits for treatment by the Medical Orderly. Females made 17 (12, 11) visits to the Medical Officer and 16 (13, 10) visits for treatment by the Sister in charge.

General.

Sixty-two per cent. (62%, 63%) of all cases resided in the Borough, the remainder being mainly resident in the adjacent County Area.

In all, 1,180 persons (1,267, 1,238, 1,299) persons made 27,877 (26,989, 29,228, 28,410) visits to the Clinic for treatment.

APPENDIX TO SECTION V.

TABLE Va.—Cases of Infectious Diseases for the Year 1935 classified according to age and sex.

Notifiable Disease.	Under 1 year		1—2		2—3		3—4		4—5		5—10		10—15		15—20		20—25		25—45		45—65		65 and over		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Diphtheria	2	...	6	2	9	6	15	13	14	15	54	60	15	15	4	6	1	8	3	10	...	1	...	...	123	136
Erysipelas	...	...	...	1	...	1	...	...	...	...	...	...	1	1	...	1	1	1	7	8	5	11	2	3	16	27
Scarlet Fever	2	2	5	4	13	6	19	8	10	13	50	53	19	20	3	15	...	2	4	6	...	...	...	...	125	129
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	..	..	...	...	...	1	4	...	...	...	...	1	4
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	2
Pyrexia (Puerperal)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13	...	25	...	...	.	...	...	38
Ophthalmia Neonatorum	2	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	5
Pulmonary Tuberculosis	...	...	...	...	...	...	...	...	...	1	3	4	3	2	3	5	6	7	23	19	14	5	1	...	53	43
Other Forms of Tuberculosis	1	2	1	...	2	1	2	...	...	1	11	1	5	4	1	3	1	...	4	3	...	1	...	...	28	16
Influenzal Pneumonia	1	1	1	...	...	...	..	...	...	...	...	1	...	...	1	...	...	...	...	...	5	2	...	...	8	4
Primary Pneumonia	5	8	11	9	7	7	6	4	5	2	13	11	6	4	4	1	6	1	16	12	8	11	5	8	92	78
Malaria	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro Spinal Fever	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Encephalitis Lethargica	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Acute Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Infective Enteritis	...	...	...	...	...	...	...	..	...	...	1	1	...	...	...	...	...	...	...	1	...	...	...	...	1	2
Chicken Pox (not notifiable)	...	...	...	...	...	...	4	2	16	13	58	63	1	2	..	...	...	...	...	...	...	...	...	...	79	80
Measles	26	23	51	58	72	63	138	130	192	193	448	478	21	25	3	7	2	4	2	5	...	2	...	...	955	988
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..
Whooping Cough (not notifiable)	...	2	...	...	...	...	2	...	6	8	19	37	..	3	...	...	...	...	...	...	...	...	...	...	17	50

TABLE Vb.

Cases of Infectious Disease notified in 1935 and classified according to Ward Distribution.

Notifiable Disease.	Total	St. John's.	Avenham.	Christ Church	Ashton.	Maudland.	St. Peter's.	Moorbrook. 10	Park.	Trinity.	Deepdale.	Ribbleton.	Fishwick.
Diphtheria	259	21	8	7	9	7	15	11	53	12	50	34	32
Erysipelas	43	3	1	2	1	4	3	3	5	5	4	6	6
Scarlet Fever	254	16	28	7	17	25	19	19	36	9	29	30	19
Enteric Fever	5	...	...	...	1	...	3	...	...	...	...	1	...
Puerperal Fever	2	...	...	...	...	1	...	...	1	...	...	...	...
Pyrexia (Puerperal)	38	...	2	1	...	1	...	...	32	...	...	2	...
Ophthalmia Neonatorum	7	...	1	1	1	2	1	...	...	...	...	...	1
Pulmonary Tuberculosis	96	11	9	...	5	9	12	8	5	4	15	13	5
Other Forms of Tuberculosis	44	4	2	3	3	2	6	1	4	4	6	5	4
Influenzal Pneumonia	12	1	...	...	...	...	1	4	3	1	1	...	1
Primary Pneumonia	170	14	3	8	12	19	17	9	20	13	19	14	22
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro Spinal Fever	1	...	...	...	...	...	...	...	1	...	...	...	...
Encephalitis Lethargica	1	...	...	...	...	...	1	...	...	...	...	...	...
Acute Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...
Infective Enteritis	3	...	1	...	...	...	...	...	...	...	2	...	...
Chicken Pox (not notifiable)	159	34	7	8	11	22	5	2	5	13	10	8	34
Measles	1943	197	77	143	109	163	124	69	218	124	322	229	168
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough (not notifiable)	77	12	4	1	8	3	4	6	12	2	15	7	3

TABLE Vc.

Cases of Infectious Disease notified in 1935 and classified according to month of occurrence.

Notifiable Disease.	TOTAL	January	February	March	April	May	June	July	August	September	October	November	December
Diphtheria	259	46	43	35	17	28	7	11	3	16	16	27	10
Erysipelas	43	2	4	7	7	2	3	3	...	2	5	3	5
Scarlet Fever	254	36	33	17	24	22	10	32	6	15	24	16	19
Enteric Fever	5	...	1	...	...	1	2	1	...	...	...	...	...
Puerperal Fever	2	...	...	...	...	...	1	...	...	1	...	...	...
Pyrexia (Puerperal)	38	3	5	7	6	2	1	3	2	2	3	2	2
Ophthalmia Neonatorum	7	...	1	...	...	...	1	1	1	3	...	...	...
Pulmonary Tuberculosis	96	8	11	10	11	9	6	4	7	8	9	8	5
Other Forms of Tuberculosis	44	7	3	7	6	4	2	4	...	...	4	1	6
Influenzal Pneumonia	12	...	2	2	...	5	...	...	...	1	1	...	1
Primary Pneumonia	170	6	22	11	18	24	21	7	5	6	17	11	22
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro Spinal Fever	1	...	...	...	...	...	...	...	...	...	1	...	...
Encephalitis Lethargica	1	1	...	...	...	...	...	...	...	...	...	...	...
Acute Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...
Infective Enteritis	3	...	...	...	...	...	...	...	2	1	...	...	...
Chicken Pox (not notifiable)	159	9	9	5	15	12	12	14	...	11	23	41	8
Measles	1943	1	10	18	142	244	201	64	62	112	441	400	248
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough (not notifiable)	77	7	7	3	6	17	3	3	...	4	4	14	9

TABLE Vd.

Isolation Hospital.

Disease for which Admitted	In Hospital, Dec. 31st, 1934	Admitted		Discharged	Deaths	Remaining in Hospital, Dec. 31st, 1935.
		No.	Per cent. of Cases Notified			
Enteric Fever	...	5	80	5	...	...
Scarlet Fever	24	233	88·98	230	2	25
Diphtheria	48	255	97·30	284	14	5
Measles	...	33	1·24	28	3	2
Erysipelas	...	21	46·51	20	...	1
Pneumonia	...	1	0·005	1	...	...
Puerperal Fever	...	...	...	...	...	...
Other Diseases	...	22	...	20	1	1
Totals	72	570	...	588	20	34

TABLE Ve.

Number of beds occupied daily and length of stay in Hospital of Patients who died or were discharged in 1935, whether admitted in that year or previously.

Disease for which Admitted	No. of Cases Died or Discharged during 1935	Total Days in Hospital	Average Length of Stay in Days	Total Bed Days in Hospital in 1935	Average Beds occupied Daily
Enteric Fever	5	82	16·40	82	0.22
Scarlet Fever	232	7499	32.32	7217	19.77
Diphtheria	299	8317	27.82	7619	20.87
Measles	31	426	13.74	458	1.26
Erysipelas	20	245	12.25	252	0.69
Pneumonia	1	24	24	24	0.07
Puerperal Fever	...	...	...	...	...
Other Diseases	21	205	9.76	212	0.58
Totals	609	16798	27.58	15864	43.46

TABLE VF.

Return showing the extent of Residential Treatment and Observation during the year in Institutions Approved for the treatment of Tuberculosis.

			In Institutions on Jan. 1	Admitted during the Year	Discharged during the Year	Died in the Institutions	In Institutions on Dec. 31
Number of doubtfully tuberculous cases admitted for observation.	Adults	M.	...	1	1	...	...
		F.	...	1	1	...	...
	Children	—	...	...	...	...	...
TOTAL	...		...	2	2	...	...
Number of patients suffering from pulmonary tuberculosis	Adults	M.	18	54	35	13	24
		F.	12	39	31	9	11
	Children	—	9	11	14	...	6
TOTAL	...		39	104	80	22	41
Number of patients suffering from non-pulmonary tuberculosis	Adults	M.	3	7	8	...	2
		F.	2	8	6	...	4
	Children	—	13	26	26	...	13
TOTAL	...		18	41	40	...	19
GRAND TOTAL	...	...	57	147	122	22	60

TABLE Vg.

Chestnuts Sanatorium.

Tuberculosis	In Hospital Dec. 31, 1934	Admitted	Discharged	Deaths	Remaining Dec. 31, 1935
Males	12	31	18	11	14
Females	10	20	13	9	8
Children	1	...	...	...	1
Totals ...	23	51	31	20	23

TABLE Vh

Chestnuts Sanatorium.

	No. of Cases Died or Discharged during 1935	Total days in Sanatorium	Average length of stay in days.	Average Beds occupied daily.
Males	29	2856	98.5	15
Females	22	2678	121.7	12
Totals	51	5534	108.5	27

TABLE VI.

Tuberculosis.

Occupations of notified cases.

Description.	Number.
Under School Age	11
School Children	33
Cotton Operatives	17
Domestic Duties	17
Labourers	8
Clerical Workers	2
Shopkeepers and Assistants	6
Tailors and Dressmakers	5
Motor Drivers	4
Slipper Workers	3
Rubber Workers	2
Other Occupations	27
No Occupation	5
Total	140

TABLE VJ.

Tuberculosis.

Return showing the work of the Dispensary during the Year 1935.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY				TOTAL.				Grand Total.
	Adults		Children		Adults		Children		Adults		Children		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A.—NEW CASES examined during the year (excluding contacts) :													
(*a*) Definitely tuberculous	44	29	5	5	6	7	19	9	50	36	24	14	124
(*b*) Diagnosis not completed	...	1	1	2	...	...	1	...	...	1	2	2	5
(*c*) Non-tuberculous	44	48	27	21	1	...	3	3	45	48	30	24	147
B.—CONTACTS examined during the year :													
(*a*) Definitely tuberculous	2	3	1	2	...	...	2	...	2	3	3	2	10
(*b*) Diagnosis not completed	...	...	...	...	...	...	...	...	...	...	...	...	...
(*c*) Non-tuberculous	5	18	21	30	...	...	...	1	5	18	21	31	75
C.—CASES written off the Dispensary Register as :													
(*a*) Recovered	10	13	2	5	2	8	11	9	12	21	13	14	60
(*b*) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	49	67	48	51	1	...	3	4	50	67	51	55	223
D.—NUMBER OF CASES on Dispensary Register on December 31st :													
(*a*) Definitely tuberculous	153	118	40	37	31	41	76	52	184	159	116	89	548
(*b*) Diagnosis not completed	...	1	1	2	...	...	1	...	...	1	2	2	5

TABLE Vj.—(continued).

1. Number of cases on Dispensary Register on January 1st	565	7. Number of consultations with medical practitioners :— (*a*) Personal ... ... (*b*) Other	 8 189
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	16	8. Number of visits by Tuberculosis Officers to homes (including personal consultations)	54
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	50	9. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	1943
4. Cases written off during the year as Dead (all causes)	56	10. Number of (*a*) Specimens of sputum, &c., examined (*b*) X-ray Examinations made in connection with Dispensary work	 490 215
5. Number of attendances at the Dispensary (including Contacts) ...	2540	11. Number of "Recovered" cases restored to Dispensary Register, and included in A (*a*) and A (*b*) above...	2
6. Number of Insured Persons under Domiciliary Treatment on the 31st December	101	12. Number of "T.B. plus" cases on Dispensary Register on Dec. 31st	137

TABLE Vk.

Return showing the immediate results of treatment of definitely tuberculous patients discharged during the year from Institutions approved for the treatment of tuberculosis.

	Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution. Under 3 months but exceeding 28 days			3—6 months			6—12 months			More than 12 months			Totals			Grand Totals
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.	Class T.B. minus.	Quiescent ...	1	1	3	4	9	3	3	3	6	.	.	1	8	13	13	34
		Not quiescent ...	1	1	1	2	1	.	.	1	.	.	.	.	3	3	1	7
		Died in Institution	1	1	.	.	.	.	.	.	.	.	.	.	1	1	.	2
	Class T.B.plus. Group I.	Quiescent	.	.	.	2	3	.	2	1	.	.	.	.	4	4	.	8
		Not quiescent ...	2	1	.	6	1	.	.	1	.	1	1	.	9	4	.	13
		Died in Institution	1	.	.	.	.	.	.	2	.	.	.	.	1	2	.	3
	Class T.B. plus Group II.	Quiescent	.	.	.	.	1	.	.	.	.	.	.	.	.	1	.	1
		Not quiescent ...	1	.	.	2	2	.	2	.	.	.	.	.	5	2	.	7
		Died in Institution	2	1	.	.	1	.	2	.	.	3	2	.	7	4	.	11
	Class T.B.plus. Group III	Quiescent	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
		Not quiescent ...	.	.	.	1	1	.	.	.	.	.	.	.	1	1	.	2
		Died in Institution	2	2	.	1	.	.	.	.	.	.	.	.	3	2	.	5
	TOTALS (pulmonary)...		11	7	4	18	19	3	9	8	6	4	3	1	42	37	14	93
NON-PULMONARY TUBERCULOSIS.	Bones and Joints	Quiescent	.	.	1	1	1	1	1	.	1	.	.	5	2	1	8	11
		Not quiescent ...	1	1	1	.	1	1	1	.	2	.	.	.	2	2	4	8
		Died in Institution	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Abdominal.	Quiescent	.	.	1	.	.	1	.	.	.	.	.	.	.	.	2	2
		Not quiescent ...	.	.	2	.	.	.	.	.	.	.	.	.	.	.	2	2
		Died in Institution	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Other Organs	Quiescent	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
		Not quiescent ...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
		Died in Institution	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Peripheral glands	Quiescent	1	.	1	.	.	.	.	.	.	.	.	.	1	.	1	2
		Not quiescent ...	.	.	4	.	.	1	.	.	.	.	.	.	.	.	5	5
		Died in Institution	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	TOTALS (non-pulmonary)...		2	1	10	1	2	4	2	.	3	.	.	5	5	3	22	30

TABLE VI.

Return showing the Numbers of Persons successfully vaccinated and re-vaccinated at the cost of the rates by the Medical Officers of the Institutions and the Public Vaccinators during the Year ended 30th September, 1935.

Name of the Institution or Vaccination District.	Name of the Medical Officer or Public Vaccinator.	Numbers of successful Primary Vaccinations of persons :—			Number of Successful Re-vaccinations, *i.e.*, successful vaccinations of persons who had been successfully vaccinated at some previous time
		Under one year of age.	One year and upwards.	TOTAL	
Preston District No. 1 ...	Dr. D. J. Davies	217	3	220	2
,, ,, No. 2 ...	Dr. T. Pimley	72	1	73	...
,, ,, No. 2A ...	Dr. M. W. Talbot	116	1	117	...
	Totals	405	5	410	2

TABLE VM.

Vaccination of Children whose Births were registered from 1st January to 31st December, 1934, inclusive.

Registration Sub-Districts comprised in the Vaccination Officer's District.	Number of Births.	Successfully Vaccinated.	Insusceptible of Vaccination.	Had Small Pox.	Number in respect of whom Statutory Declarations of Conscientious Objection have been received.	Died Unvaccinated.	Postponement by Medical Certificate.	Removal to Districts the Vaccination Officers of which have been duly apprised.	Removal to places unknown, or which cannot be reached; and Cases not having been found.	Number of these Births remaining on 31st January, 1936.	Total number of Certificates and copies of Certificates of Successful Primary Vaccination of Children under 14 received during the Calendar Year 1935.	Number of Statutory Declarations of Conscientious Objection actually received by the Vaccination Officer irrespective of the dates of birth of the children to which they relate, during the Calendar Year 1935.
East Preston ...	1100	319	4	...	505	57	42	14	60	99	...	...
West Preston ...	496	191	1	...	196	25	18	2	25	38	...	...
TOTAL ...	1596	510	5	...	701	82	60	16	85	137	557	682

TABLE Vn.

RETURN relating to all persons who were treated at the Treatment Centre at Preston Royal Infirmary during the Year ending 31st December, 1935.

	Syphilis		Soft Chancre		Gonorrhœa		Conditions other than venereal		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals
1. Number of cases on 1st January under treatment or observation	167	102	...	...	215	55	...	...	382	157	539
2. Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection	...	...	...	...	...	...	—	—	...	...	...
3. Number of cases dealt with for the first time during the year under report (exclusive of cases under Item 4) suffering from :—											
Syphilis, primary	20	3	—	—	—	—	—	—	20	3	23
,, secondary	5	9	—	—	—	—	—	—	5	9	14
,, latent in 1st year of infection ...	...	2	—	—	—	—	—	—	...	2	2
,, all later stages	48	39	—	—	—	—	—	—	48	39	87
,, congenital	6	4	—	—	—	—	—	—	6	4	10
Soft Chancre	—	—	2	...	—	—	—	—	2	...	2
Gonorrhœa, 1st year of infection	—	—	—	—	254	84	—	—	254	84	338
,, later	—	—	—	—	13	...	—	—	13	...	13
Conditions other than venereal	—	—	—	—	—	—	60	37	60	37	97
4. Number of cases dealt with for the first time during the year under report known to have received treatment at other Centres for the same infection...	11	6	...	...	32	6	—	—	43	12	55
TOTALS OF ITEMS 1, 2, 3 AND 4	257	165	2	...	514	145	60	37	833	347	1180
5. Number of cases discharged after completion of treatment and final tests of cure	37	21	1	...	167	48	60	37	265	106	371
6. Number of cases which ceased to attend before completion of treatment and were, on first attendance suffering from :—											
Syphilis, primary	1	1	—	—	—	—	—	—	1	1	2
,, secondary	2	4	—	—	—	—	—	—	2	4	6
,, latent in 1st year of infection ...	...	...	—	—	—	—	—	—	...	...	...
,, all later stages	17	16	—	—	—	—	—	—	17	16	33
,, congenital	1	3	—	—	—	—	—	—	1	3	4
Soft Chancre	—	—	...	...	—	—	—	—	...	...	...
Gonorrhœa, 1st year of infection	—	—	—	—	82	8	—	—	82	8	90
,, later	—	—	—	—	...	...	—	—	...	...	...
7. Number of cases which ceased to attend after completion of treatment but before final tests of cure	...	1	...	...	...	...	—	—	...	1	1
8. Number of cases transferred to other centres or to institutions, or to care of private practitioners ...	36	18	...	...	104	22	—	—	140	40	180
9. Number of cases remaining under treatment or observation on 31st December	163	101	1	...	161	67	...	...	325	168	493
TOTALS OF ITEMS 5, 6, 7, 8 AND 9 ... (These totals should agree with those of Items 1, 2, 3 and 4)	257	165	2	...	514	145	60	37	833	347	1180
10. Number of cases in the following stages of syphilis included in Item 6 which failed to complete one course of treatment :—											
Syphilis, primary	...	...	—	—	—	—	—	—	...	...	...
,, secondary	...	...	—	—	—	—	—	—	...	...	...
,, latent in 1st year of infection ...	...	...	—	—	—	—	—	—	...	...	...
,, all later stages	2	1	—	—	—	—	—	—	2	1	3
,, congenital	...	1	—	—	—	—	—	—	...	1	1
11. Number of attendances :—											
(a) for individual attention of the medical officers	2909	2366	26	...	4080	2480	144	99	7159	4945	12104
(b) for intermediate treatment, e.g., irrigation, dressing	...	...	...	...	13445	2328	...	...	13445	2328	15773
TOTAL ATTENDANCES	2909	2366	26	...	17525	4808	144	99	20604	7273	27877
12. In-patients :—											
(a) Total number of persons admitted for treatment during the year	6	5	...	...	4	3	...	...	10	8	18
(b) Aggregate number of "in-patient days" of treatment given...	123	84	...	...	155	95	...	...	278	179	457
	Under 1 year		1 and under 5 years		5 and under 15 years		15 years and over		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
13. Number of cases of congenital syphilis in Item 3 above classified according to age periods	...	...	...	...	5	2	1	2	6	4	

VI.—Maternity and Child Welfare.

A.—STATISTICS.

1. Birth Rate.

The number of children born was 1,742, and the birth rate was 14.99 per 1,000 living, compared with 1,670 and 14.24 in 1934. Of the 1,742 births, 896 were males and 846 females; 1,657 were legitimate and 85 illegitimate. The percentage of illegitimate births was 4.88.

A summary of the 1,650 notifications received under the Notification of Births Act reveals the fact that 62.2 per cent. notifications were made by midwives, 14.3 per cent. by the Royal Infirmary, 13.9 per cent. by the Sharoe Green Hospital, 2.0 per cent. by doctors and parents, 4.3 per cent. by private nursing homes, and 3.3 per cent. by St. Joseph's Hospital.

2. Infant Mortality Rate.

The number of infant deaths was 140; of these 87 were males and 53 females. Deaths among legitimate children numbered 130 and illegitimate children 10. The death rate per 1,000 was 80.

The birth rate, infant mortality rate, the causes of and age periods at death, are shown in the appendix to this section, and to Section I.

B.—GENERAL.

1. Maternal Deaths.

Maternal deaths, 1st January to 31st December, 1935:

PLACE OF DEATH	Total Deaths in the Borough	Internal Transfers	External Transfers	Nett
Preston Royal Infirmary ...	9	...	7	2
Sharoe Green Hospital ...	...	3	...	3
Private Houses	3	...	...	3
Nursing Homes	...	...	...	...
Isolation Hospital	...	...	...	...
	12	3	7	8

By " Internal Transfer " is meant a death of a woman ordinarily resident in Preston who dies outside the Borough, e.g. Sharoe Green Maternity Hospital.

By " External Transfer " is meant a death of a woman ordinarily not a resident in Preston who dies in the Borough, e.g. a woman from Bamber Bridge dying in the Preston Royal Infirmary.

From the above table it will be seen that eight Preston women lost their lives as a result of pregnancy or child-birth, three deaths occurring at home and five in hospital—three at Sharoe Green Hospital and two at the Preston Royal Infirmary. All the cases dying in hospitals were admitted as emergencies. Two of these women, one who died from eclampsia and one who died from toxæmia, were primiparae (first births), the rest having had previous pregnancies. The cause of death was :— toxæmia (including chronic nephritis), four; eclampsia, two; embolism and obstetric shock, one each.

It is noteworthy that there were no deaths from puerperal sepsis, although one death was certified as being due to this cause, a multipara, who, owing to persistent vomiting, underwent an induction when 32 weeks pregnant, death taking place two days later. A post mortem examination revealed that death was due to toxæmia of pregnancy.

The four cases of toxæmia include one case following an incomplete abortion, a woman who had been in Preston only nine days prior to her death and was admitted to Sharoe Green Hospital as an emergency; a second case, also admitted to Sharoe Green Hospital as an emergency, when 30 weeks pregnant with signs of toxæmia of four days duration, who had a severe concealed hæmorrhage six days after admission and died the same day; and two cases, both admitted to Preston Royal Infirmary as emergencies suffering from hyperemesis gravidarum (persistent vomiting) which did not respond to treatment.

There were two cases of eclampsia, the fits occurring after delivery in the one case and during the delivery in the other. The first case had inadequate ante-natal care by the midwife. The doctor, although the patient had booked him for the confinement, never examined the woman during pregnancy. Six hours after a normal delivery, with a living child, fits commenced, death taking place 36 hours later. The second case, a primipara, received ante-natal supervision at Sharoe Green Hospital, where she was treated for toxæmia during pregnancy. She was admitted at full term in labour, having fits and died three hours after admission. The child was still-born.

The patient who died from embolism had been under the care of a private practitioner on and off for three to four years suffering from pernicious anæmia. She was working as a ring spinner until the day before she was confined prematurely at seven months, of a still-born child. Death occurred suddenly eight days after confinement.

The patient who died of obstetric shock had an instrumental delivery at home followed by retained placenta. She was sent to the Preston Royal Infirmary where she died immediately after admission before any treatment could be given.

Four of the eight women had inadequate or no ante-natal care, two of them were under the care of their own doctors, whilst two attended the ante-natal clinic at Sharoe Green Hospital.

The maternal death rate for the year under review is 4.59 per 1,000 registered live births, or 4.36 including still-births.

2. Puerperal Fever.

In considering the following three paragraphs it should be borne in mind that Sharoe Green Hospital is out of the Borough and that their figures are dealt with by the County Medical Officer in his report.

There were two cases of puerperal fever notified during the year. Both cases were delivered at home by midwives, and beyond the fact that both labours were rather prolonged, both had normal confinements. Both patients were removed to Sharoe Green Hospital, where they recovered.

Puerperal Pyrexia.

Thirty-eight cases of puerperal pyrexia were notified during 1934, 31 of these occurring at Preston Royal Infirmary, one at St. Joseph's Hospital and six in private homes. Three of the cases occurring at home were removed to Sharoe Green Hospital, the other three remaining at home under the care of their private practitioners.

The pyrexia was caused by :—abnormal labour, 18; perineal tear, 4; white leg, and bronchitis, two each; and mastitis, diphtheria, frontal sinusitis, albuminuria and anæmia, one each; no definite cause, eight.

All the cases recovered. Four of the cases occurring at Preston Royal Infirmary, two suffering from white leg and two following difficult labours were discharged to Lostock Hall for convalescent treatment, whilst five women were discharged under the care of their own private doctors. The rest were discharged well.

3. Ophthalmia Neonatorum.

Seven cases of ophthalmia neonatorum were notified during the year. Five of the babies suffering from this condition were born at home and two at Preston Royal Infirmary. Three of the cases who were born at home were treated by private practitioners; the other two were admitted to the Isolation Hospital for treatment. The two cases occurring in babies who had been born at Preston Royal Infirmary were treated at home by private practitioners, both cases commencing after discharge from hospital. All seven cases recovered with no impairment of vision.

4. Stillbirths.

There were 90 stillbirths registered during 1935, of which 56 were notified. Forty-eight stillbirths were investigated either by health visitors or by the Maternity and Child Welfare Officer with regard to the possible cause of the stillbirth.

Prematurity accounted for nine instances, foetal deformities for six, intercurrent disease for five, difficult labour, malpresentations, and hydramnios for four each, accidental hæmorrhage, placenta praevia, and accidents to mother for two each, eclampsia and twilight sleep for one each, while in eight instances no definite cause could be ascertained. Prematurity accounts for nearly 20 per cent. of the stillbirths. The cause for the prematurity was unknown in three of the nine cases, there was a history of the mother having sustained a fall in three cases, a shock in two cases, whilst in one case there was a severe degree of prolapse present. Difficult labour and malpresentations account for eight cases (16 per cent.) Four of the women had had no ante-natal care. Five women suffered from intercurrent disease, three from albuminuria, one from tuberculosis, and one from pernicious anæmia.

There were eight cases which showed no definite cause for the stillbirths, although two of the women concerned acknowledged to having taken abortifacients in the early months of pregnancy. In one case, the woman was delivered of twins, the other child being born alive. Two of the other five women, who showed no definite cause for the stillbirth, had no ante-natal care. The other three received ante-natal care from Preston Royal Infirmary, a general medical practitioner and a midwife respectively.

5. Inspection of Midwives.

Forty-two midwives gave notice of intention to practice in 1935. Of these 34 hold the certificate of the Central Midwives Board and eight are bona-fide—that is, they were in practice as midwives before the passing of the Midwives Act, 1902. The number of women who were confined by midwives alone during 1935, was 1,099.

In four cases it was necessary to suspend the midwife from practice to carry out disinfection following contact with infectious disease. In all cases the midwives receiving compensation at a total cost to the Council of £11 15s. 0d.

Where a midwife, having been booked by a patient for confinement, loses her case owing to the patient, on medical advice, entering hospital for confinement, compensation may be paid to the midwife by the Council. During the year six cases were sent to hospital by private practitioners and ten cases by the medical officer in charge of a Corporation ante-natal clinic, the midwives receiving compensation at a cost to the Council of £11 15s. 0d.

In accordance with rule E.12 of the Central Midwives Board, medical aid must be sent for by the midwife in all cases of illness of the patient or child or of any abnormality occurring during pregnancy, labour or lying-in. The abnormalities necessitating medical aid are shown in the table below.

i. *During pregnancy.*	
Ante-partum hæmorrhage	12
Albuminuria	2
Concealed hæmorrhage ...	1
ii. *During labour.*	
Malpresentation	22
Ruptured perinaeum ...	21
Uterine inertia	17
Obstructed labour... ...	5
Contracted pelvis	3
Placenta prævia	2
Retained placenta	2
Rigid cervix	2
Abortion	2
Obstetric shock	2
Rigid perinaeum	1
Precipitate labour ...	1
Incomplete abortion ...	1
Premature twins	1
Premature labour ...	1
Premature rupture of membranes	1
Oedema	1
iii. *Lying-in.*	
Post-partum hæmorrhage	4
Pyrexia	5
iv. *The Child.*	
Prematurity	5
Dangerous feebleness ...	4
Discharging eyes	4
Cyanosis	1
Ophthalmia neonatorum ...	1
Spina bifida	1
Convulsions	1
Difficult breathing ...	1

Of the emergency calls for medical help by midwives, 116 applications were submitted to the Milk and Other Services Sub Committee for financial assistance. The whole cost was granted in 86 instances, part cost in seven instances, while the 23 remaining were refused. The cost to the Council was £184 16s. 6d. Two hundred and forty-four applications for the services of a midwife were received. In 149 instances the whole cost was granted, and in 53 part cost granted, the remainder, 42, not being allowed. This service cost the Council £262 11s. 6d. Only eight applications were received for the services of Home Helps. The whole cost was granted in six cases, and part cost in the one case, the other application was refused; the cost being £14 12s. 6d.

The midwives have been inspected at intervals by the Maternity and Child Welfare Officer, and the Inspector of Midwives, as regards their equipment personal cleanliness and keeping of registers and records of patients. In addition, midwives are seen at North Road Clinic or at the Municipal Building with regard to any special inquiries necessary, such as maternal deaths, puerperal fevers or difficulties arising in any special case.

Nineteen out of the 42 midwives registered made ante-natal examinations of their patients, including the examination of urines and pelvic measurements. Four of the twenty-three midwives, who do not make routine examinations of their patients, are not practising although they are registered. The rest average 15 cases each per annum. Five midwives, who are over the age of seventy years gave notice of intention to practice in 1936. Two of these had no cases in 1935, the other three having 6, 7 and 19 cases respectively. These older midwives are quite incapable of giving ante-natal care.

6. Inspection of Maternity Homes.

There are ten Maternity Homes registered in Preston, comprising 38 beds for maternity cases, though some of these beds may be used for medical or surgical cases. The homes have been inspected during the year by the Assistant Medical Officer for Maternity and Child Welfare or the Inspector of Midwives, together or separately, as regards their accommodation, cleanliness, equipment, and records kept. Three of the homes have had no patients during the entire year. On the whole, the homes were satisfactory.

7. Infant Welfare Centres.

The work of the Infant Welfare Centres progresses and the number of mothers attending the Centres is steadily increasing. The time has passed for invitations to the mothers to attend the Centres for it is understood amongst them that a clinic is essential in the upbringing of their infants. The mothers now take a keen interest in the feeding of their children and intelligently follow the advice given. There is a marked improvement in the health of the toddler which is very gratifying, although ignorance is still prevalent amongst mothers with regard to sleep—in many cases children are allowed to remain playing about until the parents retire.

Liquid milk is used much more extensively than dried milk in the feeding of infants with very satisfactory results.

Lectures in cookery and dress-making have been given during the winter months. A very satisfactory feature has been shown by the keen interest of the mothers especially in the cookery demonstrations. This is evidenced in the increase in the number of mothers attending the lectures.

Owing to a steady increase in the attendances at Cuttle Street Clinic, an additional clinic was opened there on the 7th January, 1935.

Sale of Dried Milk, etc., at the Centres.

There was an increase in the value of goods sold at cost price, from £398 in 1934 to £460 in 1935. There was, however, a further marked increase in the amount of food, mainly cows' milk, supplied free to nursing and expectant mothers. The cost was £2,547 as compared with £2,445 last year.

8. Massage.

Work has continued steadily in the massage department. Patients are referred for massage by the medical officer in charge of infant welfare centres or nursery school. Complicated cases, where severe degrees of deformity are present, are referred to the orthopædic department, for examination by the orthopædic surgeon, who attends once fortnightly. The necessary treatment, either at home or in hospital is then arranged. It can be claimed that results are excellent especially when treatment is started early. A marked feature is the enthusiasm of the mothers for the work of the department, which is shown in the regular attendance and cleanly condition of the children attending over the long period necessary for cure.

A summary of the work is given below :—

	North Road.		Cuttle Street.
No. on register, 31st December, 1934...	57	...	13
No. of new cases	41	...	34
No. discharged	51	...	28
No. on register, 31st December, 1935...	48	...	19
No. of treatments given	1311	...	441
No. of sessions	194	...	40
Average treated for session	7	...	11

Fifty-six cases were referred to the orthopædic surgeon either before receiving massage or during a course of treatment. Seventy-nine cases were discharged from the massage department as cured. These are classified below. rickets, 22; genu varum, 24; pes planus, 15; genu valgum, 7; congenital talipes, 3; muscular weakness, 2; debility and anæmia, 3; dislocation of thumb, 1; constipation, 2.

9. Ante-natal Centres.

The attendances of patients at the clinics are shown in the following table :—

	North Road. (two sessions)		Cuttle Street.
Number of new patients	402	...	147
Number of attendances by old patients ...	1067	...	360
Total attendances	1469	...	507

The attendances at the ante-natal centres has been satisfactory. Seventeen per cent of the women attending were primiparae. The average period of pregnancy at the first attendances for all women was 24 weeks. Many women attend the ante-natal centres after a period of amenorrhœa in order to confirm the condition of pregnancy. Thirteen women, attending for this purpose, were found to be not pregnant.

Each woman, on attendance at the centre, receives a complete medical examination in addition to a special obstetrical examination. Where a patient has been sent to the clinic by a midwife, a report of the findings is sent to her by the medical officer in charge. At each visit, an appointment is made for the next examination. If a woman fails to keep this appointment, a home visit is paid by the health visitor to ascertain the reason, and to give advice where necessary. During the year there were 549 new patients. Fifteen of these were post-natal cases, of these seven were referred to the Preston Royal Infirmary, and eight to private practitioners for the treatment of serious defects.

Very few of the women presenting themselves for examination were free from defects. Nearly one quarter had seriously defective teeth. Large numbers were suffering from gastro intestinal infections, circulatory, pulmonary and renal diseases and a comparatively small number from defects and diseases associable with pregnancy. One poor soul presented herself suffering from cancer of the rectum.

Twenty-five women were referred to the Preston Royal Infirmary for treatment. Ten to the Sharoe Green Maternity Hospital, fifteen to private medical practitioners and the remainder, including the dental cases, advised and supervised from the clinics.

10. Artificial Sunlight.

A summary of the work done in this department is given below :—

No. on register, 31st December, 1934	16
No. of new cases	44
No. discharged	46
No. on register, 31st December, 1935	14
No. of treatments given	633
No. of sessions	73
Average treated per session	8

The number of attendances have increased considerably during 1935. The artificial sunlight clinic is held twice weekly at the Open Air School, Moor Park. Children are referred to the clinic by the medical officers in charge of the Infant Welfare Centres and Nursery School. A record of the child's weight is kept during the period of treatment. Children suffering from rickets and malnutrition, with loss of or stationary weight, account for the majority of patients with varying results, which, on the whole, are quite satisfactory. Forty-six cases were discharged during 1935.

11. Dental Treatment.

The operative treatment was carried out by two School Dental Surgeons and dentures for mothers made by private practitioners of the mother's own choice.

There is an all round increase in attendances and treatment with the exception of children. Mothers show an ever increasing appreciation of the treatment offered but there is still a deplorable reluctance to accept the benefits of conservative treatment for young children.

The work done during the year is tabulated below :—

Sessions of treatment ...	82		
Nursing mothers attended ...	167		
Expectant mothers attended	94		
Children attended	59		
Total attendances	604	Average per session ...	7.37
Fillings	85	,, ,, ,,	1.03
Extractions	1306	,, ,, ,,	15.92
Dressings	115	,, ,, ,,	1.40
Scalings	11	,, ,, ,,	0.13

Dentures were provided in 25 cases during the year, and a comparative table of the applications and costs for the past eight years is given below :—

Year	No. of Applications for Dentures	Not Granted	Granted Free	Part Cost Granted	Cost borne by Applicant			Council		
					£	s.	d.	£	s.	d.
1928	34	...	1	33	53	5	0	97	9	6
1929	26	...	...	26	28	5	0	70	14	3
1930	66	10	2	54	51	6	9	194	0	3
1931	58	...	...	58	33	15	11	111	16	7
1932	72	5	...	67	32	1	0	59	12	0
1933	56	11	1	44	53	12	0	76	1	10
1934	48	2	1	45	36	4	0	48	17	2
1935	94	8	...	86	49	13	0	55	15	0

12. Infant Life Protection.

There were 23 boarded-out children in Preston during the year. Under satisfactory conditions, babies under one year are visited once monthly and thereafter every three months up to the age of nine years. During the year under review the health visitors, who are Infant Life Protection Officers, paid 59 visits to the 23 children. The remuneration received by the foster-parents varies from 5s. od. to £1 weekly.

13. Voluntary Workers.

The association, both in committee and clinics between the officers of the Council and the voluntary workers is close and cordial. In addition to a vast amount of clerical work they undertake the organisation of free dinners, holidays for mothers at Lytham, and the Christmas Parties. They also perform a continual stream of kindly and thoughful acts for which the officials and mothers are profoundly grateful.

The number of dinners given under the free dinners for expectant and nursing mothers scheme was 8,500 meals to 257 mothers, compared with 8,333 meals to 253 mothers last year.

14. Maternity Institutions.

There are 35 beds at Sharoe Green Hospital, 16 at the Preston Royal Infirmary, and 10 at St. Joseph's Hospital, Mount Street, thus making a total of 61, solely for maternity cases. Details of the work done at Sharoe Green Hospital and Preston Royal Infirmary are given elsewhere in the report.

One hundred and thirty-six applications were received for a bed at Sharoe Green Hospital. In 75 of these the whole cost was granted, in 51 cases part cost was granted, and in 10 applications no assistance was given. Six applications were received in respect of a bed in the maternity wards at the Preston Royal Infirmary. In one instance the whole cost was granted, and in the three cases part cost was borne by the Council, two applications were refused. The total cost of this service was £435 5s. 6d.

15. Work of the Health Visitors.

During the year the Health Visitors paid 1,108 visits to expectant mothers. They visited 1,680 new-born infants, and paid 7,082 re-visits to children under one year of age. They investigated and advised upon 3,395 cases of various diseased conditions, principal among which were measles and whooping cough. In addition to this, they were able to pay 12,092 visits to children of pre-school age. In all they paid 25,548 visits.

APPENDIX
TO
SECTION VI.

TABLE VIA.

Infant Deaths.

Year.	No. of Births.	Under 1 Week.			Under 1 Month.			Total.	
		No.	Rate per 1,000 Born.	Percentage of total Infant Deaths.	No.	Rate per 1,000 Born.	Percentage of total Infant Deaths.	No.	Rate per 1,000 Born.
1921	2811	79	28·1	25·0	127	45·2	40·2	316	112
1922	2482	68	27·8	28·1	100	40·3	41·3	242	97
1923	2426	59	24·2	24·7	100	41·2	42·0	238	98
1924	2328	63	27·6	28·0	98	42·1	43·1	225	97
1925	2174	66	30·3	23·1	94	43·2	32·8	286	131
1926	2160	62	28·7	31·8	90	41·6	46·1	195	90
1927	1892	53	28·0	25·7	88	46·5	42·7	206	109
1928	1916	51	26·6	29·1	80	41·7	41·7	175	91
1929	1967	59	30·0	28·8	89	45·2	43·9	205	104
1930	1975	60	30·4	41·4	85	43·0	58·6	145	73
1931	1881	47	24·9	28·4	70	37·2	42·4	165	88
1932	1764	51	28·9	34·2	63	35·7	42·3	149	84
1933	1720	48	27·9	32·0	71	41·2	47·3	150	87
1934	1670	45	26.9	39·1	60	35·9	52·2	115	69
1935	1742	57	32.7	40.7	76	43.6	54.3	140	80

TABLE VIb.

Infantile Mortality, 1935.

Nett Deaths from stated Causes at various Ages under One Year of age.

CAUSE OF DEATH	Under 1 Week.	1 - 2 Weeks.	2 - 3 Weeks.	3 - 4 Weeks.	Total under 1 Month.	1 - 3 Months.	3 - 6 Months.	6 - 9 Months.	9 - 12 Months.	Total Deaths under One Year.	
All Causes:—											
Certified	57	9	9	1	76	23	12	14	11	136	
Uncertified	...	...	...	...	...	1	2	1	...	4	
										M	F
Small Pox	...	...	...	...	...	...	...	...	...	...	...
Chicken Pox	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	1	3	3	1
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	1	...	...	1	...
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis	...	...	1	...	1	...	...	...	...	1	...
Other Tuberculous Diseases	...	...	...	...	...	...	1	...	1	1	1
Meningitis (not Tuberculous)	...	...	...	...	...	...	...	1	1	1	1
Convulsions	2	...	...	1	3	...	...	1	1	4	1
Laryngitis	...	1	...	...	1	...	...	1	...	2	...
Bronchitis	...	...	...	...	...	1	1	3	...	2	3
Pneumonia (all forms)	...	...	2	...	2	6	4	6	5	16	7
Diarrhœa	...	...	...	...	...	...	...	...	...	...	...
Enteritis	...	...	1	...	1	4	2	...	...	2	5
Gastritis	...	...	...	...	...	1	2	1	...	...	4
Syphilis	...	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying	...	...	...	...	...	1	...	...	...	1	...
Injury at Birth	...	...	...	...	...	...	...	...	...	...	...
Atelectasis	6	...	...	...	6	...	...	...	...	6	...
Congenital Malformations	7	1	1	...	9	3	1	1	...	9	5
Premature Birth	34	3	3	...	40	4	...	...	...	28	16
Atrophy, Debility and Marasmus	1	2	1	...	4	4	...	...	...	3	5
Other causes	7	2	...	...	9	...	2	...	...	7	4
Total	57	9	9	1	76	24	14	15	11	87	53

TABLE VIc.

Maternal Deaths. Incidence, Morbidity and Mortality.

5 Year Periods. Average.	No. of Nett Births	No. of Cases Notified.		Puerperal Fever.			Other Accidents and Diseases of Pregnancy.		Total Mortality from Child Birth.
		Puerperal Pyrexia	Puerperal Fever	No. of Deaths.	Incidence per 1000 Births.	Mortality per 1000 Births.	No. of Deaths	Mortality per 1000 Births.	
1916-1920	2262	...	6.8	4.0	2.47	1.65	6.0	2.43	4.08
1921-1925	2444	...	8.0	4.8	3.28	1.97	8.0	3.29	5.25
1926-1930	1982	21.0	6.6	5.4	14.02	2.69	7.2	3.63	6.32
1931	1881	36	10	5	19.14	2.66	5	2.66	5.32
1932	1764	28	4	4	18.14	2.27	6	3.40	5.67
1933	1720	16	11	4	15.69	2.33	3	1.74	4.07
1934	1670	31	4	6	20.96	3.59	14	8.38	11.97
1935	1742	38	2	3	22.96	1.72	5	2.87	4.59

TABLE VId.

Attendances at Ante Natal Centre.

Year.	North Road.		Cuttle Street.		Total.	
	New Cases.	Total Attendance	New Cases.	Total Attendance	New Cases.	Total Attendance
1929 ...	346	904	...	...	346	904
1930 ...	431	1155	...	...	431	1155
1931 ...	297	820	58	137	355	957
1932 ...	365	963	117	349	482	1312
1933 ...	342	910	131	413	473	1323
1934 ...	412	1166	147	445	559	1611
1935 ...	402	1467	147	507	549	1974

TABLE VIe.

Allocation of Births, Infant and Maternal Deaths.

	Total No of Births Registered	Nett Births	Nett Infant Deaths	Puerperal Fever and Pyrexia		Deaths from other diseases of Pregnancy and Parturition
				Cases	Deaths	
Private Houses	1098	1084	88	8	...	3
Nursing Homes	129	82	3	...	..	...
Royal Infirmary	395	218	19	31	1	1
St. Joseph's Hospital	69	45	2	1	...	...
Isolation Hospital	...	...	3	...	...	...
Midwives Homes	...	...	...	...	...	..
Other Institutions .... (Inward Transfers)	...	313	25	...	1	2
Total	1691	1742	140	40	2	6

TABLE VIf.

Allocation of Attendances at Centres.

Situation of Centre	Total Infants (a)	New Infants included in (a) (b)	New Older Children included in (a)	Expectant Mothers	Total Attendances 1935	Total Attendances 1934
Cuttle Street (Monday)	3277	144	35	181	3458	...
,, ,, (Wednesday)	4241	185	51	231	4472	5775
Deepdale Mill Street .	3486	115	34	344	3830	4311
Walker Street	4166	130	30	367	4533	4377
Fylde Road	3632	193	31	364	3996	4258
Edward Street	3692	167	32	346	4038	3890
Manchester Road	3645	100	32	324	3969	4229
North Road Centre ..	2606	173	15	...	2606	2052
Ante-Natal Clinic	...	...	...	1467	1467	1166
,, ,, ,, Cuttle St.	...	...	...	507	507	507
Totals	28745	1207	260	4131	32876	30503

THE SCHOOL MEDICAL SERVICE

2.—CO-ORDINATION.

The co-ordination between the staffs of the various departments with which the School Medical Service is associated is at all times close and cordial and I especially tender my thanks to the Director of Education for his valuable activities on behalf of the service.

3.—SCHOOL HYGIENE.

I am informed by the Director of Education that the following repairs and decorations were carried out during the year :—

Schools decorated during year :—

Inside decoration :

Talbot R.C., St. Ignatius' Elementary, St. Joseph's Boys' and Infants', Parish C.E., St. Thomas', Ashton Methodist Infants', Ribbleton Avenue Methodist, St. Mary's Street Methodist, St. Gregory's, Blessed Sacrament, Frenchwood Junior, Glovers Court (part only), and Eldon Street (part only).

Outside painting of Council Schools :

Roebuck Street Council, Roebuck Street Manual and Domestic Centre, Frenchwood Junior, Marsh Lane Manual and Domestic Centre, Maitland Street Manual and Domestic Centre, Glovers Court Domestic Centre, Frenchwood Senior (part only).

A new floor was laid at St. Andrew's Infants' School during the year. The floors at English Martyrs' Central School were completely renovated. The water closets at St. Ignatius' Boys' School were remodelled.

The number of schools in the Borough, their accommodation and average attendance for the year ended 31st March, 1935, is indicated in Table XII of the appendix.

4.—MEDICAL INSPECTION.

Medical inspection of school children in the statutory age groups was carried on throughout the year. Of the recently admitted children, 1946 were inspected; 1,655 of the eight year old group and 1,703 of the twelve year old, a total of 5,304 compared with 5,319 last year. There was an increase in the number inspected in the first age group, but in the second there was a slight decrease and in the third a substantial decrease. The highest birth rate in the Borough since 1926 was registered in 1930 and 1931. The " Entrants " group of children inspected during 1934 is drawn from the children born in these years and accounts for the increase in the number. The number inspected in the third age group last year was 1,803 so that the reduction here is 100. This is not a large difference and can also be accounted for by the gradual decrease in the birth rate which took place after 1920.

Routine inspection was also carried out on 1,677 children who had attained the age of 14 years and were about to leave school. 4,878 special cases were examined at the clinics, and in connection with the latter 5,773 re-examinations were made. At the schools 24 special examinations, and 1,359 re-inspections of children referred for that purpose at previous routine age group inspections were carried out. Details of these inspections are set out in table I and XIII of the appendix. It will be noted that there is again an increase in the number attending the various clinics. Since 1932 table XIII shows a gradual increase in the number of new cases approximating to 300 per year; in the year under review the increase is 891.

5.—FINDING OF MEDICAL INSPECTION.

Complete lists of defects discovered during the course of the various inspections are given in the following tables :—

Medical Inspection at schools by the School Medical Officers—Table II.
Medical Inspections at clinics by the School Medical Officers—Table XIV.
Dental Inspections at schools—Table XVIII.
Inspections by the School Nurses at schools—Table XI.

The total attendances at the Medical Inspection Clinics show a slight increase over last year; there were 103 more new cases and 58 more actual attendances.

The attendances in the Minor Ailments Treatment Clinics show a reduction both in the numbers of new cases and total attendances, 795 in the former, and 7,381 in the latter. There is no doubt that parents are increasingly willing to co-operate with Doctor and Nurse in the carrying out of treatments recommended and also it is probable that there is an increase in the resistance of the children to septic infections as a result of the consumption of milk in the schools.

The number of children excluded from school during the year has decreased from 1,297 in 1934, to 891 in 1935, and the actual sessions of absence from 45,794 to 36,599. These figures give an average exclusion per child excluded of 41.08 sessions and an average exclusion of the total children attending elementary schools of 2.3 sessions per child. These compare with 35.35 and 2.7 in 1934.

(a) Malnutrition.

In one year of distribution of milk to school children a general improvement has been observed in nutrition.

As there is a new classification of degrees of nutrition recommended for adoption by Authorities, in Administrative Memorandum No. 124, dated 31st December, 1934, the figures are hardly comparable with the malnutrition figures of 1934. In 1934 nutrition was estimated as good, medium and poor, while under the new scheme nutrition is estimated as A. Excellent; B. Normal; C. Slightly sub-normal. D. Bad. In these groupings during routine age group examinations 17.1 per cent. came under classification A, 61.3 per cent. under B, 18.6 per cent. under C, and only 2.8 per cent. were found to be in a bad state of nutrition requiring treatment. Table III of the appendix gives details of this condition in age groups.

During the year 2,181,448 bottles of milk each containing one third of a pint were distributed to school children and of these 281,682 were given free. A census of the number of children receiving free milk in schools was taken on the 29th March, and again on the 1st October, and on the first date 1,467 children were receiving free milk and on the second date 1,581.

Children who receive free milk are recommended by their school teacher, enquiry into financial circumstances is made at the home, and afterwards the children are examined by the School Medical Officers for ascertainment of the state of nutrition. Any child in any school may have milk at the reduced price of a halfpenny per one third pint.

The majority of children who are receiving free milk were examined in 1934, and in 1935 628 fresh cases were examined and recommended.

During the year 340 children were supplied with free cod liver oil and malt, Virol or cod liver oil emulsion, and to these, 1,681 cartons of cod liver oil and malt, 366 cartons of Virol and 32 bottles of emulsion were distributed. In addition 196 cartons of cod liver oil and malt, 135 cartons of Virol and 21 bottles of emulsion were sold at reduced price.

Feeding Centres are reported upon in paragraph 11.

(b) Uncleanliness.

There is a slight falling off in the cleanliness as regards infection by pediculi capitis. The decrease is very slight and takes place chiefly in the slightly infected group. As the major infection is only about two-thirds of the amount registered in 1933, this need not cause any alarm. 82.1 per cent. of the children inspected were entirely free from infection, compared with 84.3 in 1934, and 81.6 in 1933. 1,427 visits were made by the School Nurses to the homes as compared with 1.561 in 1934.

(c) Minor Ailments and Diseases of the Skin.

Tables XIV and XV in the appendix give an account of the defects under this heading referred to the School Medical Officers and treated by the Nurses during the year.

Severe cases attending the Minor Ailments Treatment Centres are referred by the Nurses to the Medical Officer for diagnosis, instructions regarding treatment and decision as to fitness for school.

There were six cases of scabies, compared with four cases last year, but there was a very satisfactory decrease in the number of cases of impetigo, 481 as compared with 726 in 1934. As impetigo is a septic infection it probably comes under the category of diseases diminished by the higher standard of nutrition mentioned previously.

The incidence of ringworm appears to decrease year by year and only 40 new cases were treated in 1935.

(d) Visual Defects and External Eye Disease.

The work of the various clinics for dealing with defects and diseases of the eye continues, and the figures may be ascertained in detail by referring to tables II, VI, XIV, XV and XVII. During the year 822 refractions were carried out, and of these 594 received prescriptions for spectacles. These cases require very careful examination with a view to ascertaining the cause as well as the nature of the defect. The defect may be temporary and may be removed by dealing with the cause. The permanent and inherent defects of vision require the primary attention of an Ophthalmic Surgeon.

It is most important therefore that all children suffering from visual defects or other eye diseases should be attended to by a doctor in the first place.

The total attendance at the refraction clinic was 2,658 children, and of the 594 children who obtained prescriptions for spectacles or modified lenses the Education Committee met the expense of 137 cases.

A special report on myopia or short sight in school children is included in the appendix.

(e) Nose and Throat Defects.

Of the total children in the three routine age groups inspected in the schools during the year, enlargement of tonsils and adenoids requiring treatment was found in 7.2 per cent. This compared with 6.8 per cent. in 1934. In addition six per cent. were sufficiently enlarged to make re-inspection desirable compared with 7.3 per cent. last year.

Vouchers were given in respect of 409 children with a view to operation at the Preston Royal Infirmary, of these 365 received operative treatment. Four children were operated on by private practitioners and 147 received other forms of treatment at the Royal Infirmary, by private practitioners or at the clinics.

Tables VII and XVI contain further details of the incidence and treatment of this defect.

Large obstructive and unhealthy tonsils are comparatively more common.

A considerable number of parents dislike both preventive and curative treatment for their children's diseased tonsils until some serious infection such as rheumatism gives them a real occasion for alarm, but by persistent education of the public mind we hope ultimately to overcome these prejudices.

(f) Ear Diseases and Defective Hearing.

There was a slight decrease in the number of minor defects of the ear during the past year.

The Medical Officers examined a total of 413 cases of ear defect. These figures show a decrease of 37 compared with the figure of 1934. Of the 413 cases examined by the Medical Officers 43 suffered from defective hearing, 228 from otitis media (running ears) and 142 from various other diseases of the ear.

A running ear is difficult and tedious to cure. Parents soon lose heart and tend to give up. It is necessary to continue to impress upon the parents the heavy risk of mastoid disease or cerebral abscess of an untreated case. Further, our records show that " running ears " appears in families and some of our cases are the second and even the third contemporaneous case. Our enquiries show frequently enough to make it a possibility that the cases subsequent to the first have been infected by direct contact with the untreated and infective case.

(g) Dental Defects.

During 1935 a dental inspection of children of the ages of 6, 7, 8, 9, 10, and 11 was completed and the treatment of those found defective was carried out. During 1936 an additional group of new entrants of six years of age will be undertaken and the re-examination of those who are now age twelve will be continued. This will necessitate inspection at the senior and secondary schools.

The figures for routine inspection show a considerable increase over those of 1934. 9,275 children were inspected, compared with 6,301 last year; 5,111 were found to require treatment, and of these 3,149 accepted.

There is a noticeable improvement in the condition of the children's teeth, the proportion requiring treatment being reduced from 62 per cent. in 1934, to 55 per cent. this year, but there remains room for improvement in the practice of dental hygiene in the children's homes.

6,084 children from elementary schools made 10,191 attendances for treatment. 6,506 fillings were completed, 8,268 extractions performed, and 1571 general and local anæsthetics were administered. In addition 1,587 dressings and 29 scalings were carried out.

Tables XXI and XXII show an increase in attendances of children in the routine age groups and a still further increase in the number of casuals. Although the number of attendances for children in the routine age groups is more than last year the figures for fillings and extractions show a slight decrease, this being due to there being less treatment required per child of those accepting treatment.

Detailed figures concerning elementary schools are given in tables IX and XVIII to XXII in the appendix.

Secondary schools are dealt with in section 14 and in table XXVII of the appendix.

(h) Orthopædic and Postural Defects.

Eighty-nine cases of deformity of greater or less degree were examined by the Medical Officers at School Medical Inspection and recommended for treatment and 62 at the Inspection Clinics. A number of the former were referred to the clinic for further examination and consequently the latter figure will include some of these.

The number of children up to the age of 16 years known to the School Medical Service to be suffering from some degree of deformity sufficient to interfere with a normal mode of life is 49, compared with 63 last year; 23 attend public elementary schools, five, the day Open Air School. Twelve are in hospital or other Institutions and nine are either unable to attend school or are over school age.

Children who are recommended to have treatment by an Orthopædic Surgeon are directed to attend the Orthopædic Clinic which is held at the Moor Park Open Air School. They remain under the care of this Service and, if necessary, receive hospital treatment at the Liverpool Children's Hospital, Myrtle Street, Liverpool and/or the Liverpool Children's Country Hospital, Heswall, Cheshire, until the maximum benefit has been obtained. Fifty-eight new cases compared with 45 last year were so referred and 178 school children actually received treatment during the course of the year. This clinic also provides treatment for children below school age.

The list of defects for which school children were treated is as follows :—

Paralysis	37
Congenital Deformities	27
Other Deformities	82
Rickets	9
Inflammations	4
Tuberculosis, Active	1
Tuberculosis, Old	14
Tumour	1
Unclassified	3
Total	178

The following is a summary of the work carried out during the year at the Orthopædic Clinic :—

	Education Committe.
New Cases	58
Cases treated during the year	178
Attendances	1302
Treated at the Liverpool Children's Country Hospital, Heswall Cheshire (Residential Hospital School)	14
Treated at the Liverpool Children's Hospital, Myrtle Street, Liverpool	8
X-rayed at the Royal Infirmary, Preston	10
X-rayed at the Liverpool Children's Hospital, Myrtle Street, Liverpool	2

Ninety-four surgical appliances, boots, irons, etc., were supplied and fitted, 129 children were given remedial exercises, and 15 plasters were made at the Clinic.

The average length of stay of discharged cases from the Liverpool Children's Hospital, Heswall, was 128 days, and of those cases treated as in-patients discharged from the Liverpool Children's Hospital, Myrtle Street, Liverpool, 17 days.

There appears to be an increase in postural defects amongst school children which is much to be deplored and special attention should be given during the normal physical training periods of the school curriculum to excerises designed to strengthen the spine and muscles of the neck and back.

I am pleased to record my appreciation of the valuable assistance given by the members of the orthopædic section of the Voluntary Workers' Association both in the clinic and the homes and to them I tender my best thanks.

(i) Heart Disease and Rheumatism.

Heart disease and rheumatism were dealt with very fully in the 1934 report. The fact that satisfactory treatment for chorea or saint vitus' dance or rheumatism entails prolonged stay in bed, is a hindrance to the organisation of satisfactory arrangements for the treatment of this widespread and disabling condition.

Those authorities which have organised hospital schools for the treatment of rheumatism in children have frequently been disappointed by the rapidity with which rheumatism manifests itself again on the return of the child from hospital school.

During the year 40 cases of functional disease of the heart were discovered by the School Medical Officers at school medical inspection, and referred to their own doctors for treatment; 73 other children similarly affected were referred for further observation; 21 other cases were found at the school Clinics. Two cases of organic disease were found at school medical inspections and referred for treatment, and 12 cases were referred to the school Clinics. There are in all 17 children who suffer from heart disease which " is so severe as to necessitate the provision of educational facilities other than those of the public elementary school " ; 10 of these attend the day Open Air School and six are excluded from school indefinitely.

(j) Tuberculosis.

Thirty cases of suspected tuberculosis were referred to the Tuberculosis Officer for his opinion during the year. Of these, nine cases, consisting of two cases of pulmonary tuberculosis, one of tuberculous glands, five of abdominal tuberculosis and one of tuberculous hip, were found to be positive and 21 negative. In addition twelve cases were referred for review.

Positive cases are transferred to the Tuberculosis Department for following up and treatment.

6.—FOLLOWING UP.

A detailed statement of the Nurses' visits showing defects, number of visits and frequency is contained in table XXV of the appendix. The total number has decreased from 5,801 in 1934 to 5,485 in 1935. Visits for tonsils and adenoids are reduced by 368, vision and squint by 242 and uncleanliness by 134. Visits in respect of dental defects have increased by 458.

Eleven cases were referred to the Officer of the N.S.P.C.C. for his further action. The cases referred were seven defective vision or squint, two tonsils and adenoids, and two uncleanliness.

7.—ARRANGEMENTS FOR TREATMENT.

The detailed arrangements were reported on fully in the 1934 report. Sufficient to say that on ascertainment of defect, immediate steps are taken to notify the parents and to put the case in touch with the appropriate remedial agency. These agencies are the School Medical Officers, School Nurses, private practitioners, various departments of the Preston Royal Infirmary, in-patient and out-patient, and in some instances hospitals in Manchester and Liverpool.

Artificial Sunlight.

This type of treatment is a valuable weapon in the hands of the doctor for the treatment of children suffering from the general disturbances of health.

Most cases coming for treatment are referred from the clinics of the School Medical Service, and others from the Infant Welfare Centres. The value of this form of treatment would be greatly enhanced if parents would co-operate by attending to the child's diet and also by securing adequate periods of rest and sleep. The details of actual treatment given to school children may be found by perusal of table XXIII of the appendix.

There were 166 sessions on which treatment was given and 2,929 actual attendances were made.

8.—INFECTIOUS DISEASES.

A widespread epidemic of measles occurred towards the end of the year. Over 850 children were notified as absent on account of this disease. Allowing three weeks' absence for each child we have over 25,000 sessions lost. If we add to this the loss of attendance of contacts the formidable nature of the disease from the educational standpoint can readily be seen. In addition there is the individual suffering caused by the disease and its complications, the risks of death and permanent disablement, together with the anxiety, work and cost of nursing to be taken into account in assessing the cost to urban communities of this infectious disease of childhood. It is interesting to note that eleven certificates to the affect that attendance had fallen below 60 per cent. by reason of infectious disease were issued in respect of four schools and that seven of these certificates related to one school.

Of the other infectious diseases, scarlet fever and diphtheria were unusually low in their incidence. Diphtheria which had been active at the beginning of the year, faded out as the winter gave place to spring; during December an immunising campaign was begun against diphtheria which will be commented upon in the report for 1936.

Chicken pox and whooping cough and a group of infectious throat conditions causing enlargement of the glands of the neck, and labelled "mumps" was responsible for a good deal of sickness, and absence from school. Chicken pox very rarely causes any appreciable illness but an average absence of a month. Whooping cough, one of the most distressing and disabling ailments of childhood, lasts for weeks and sometimes for months. It is probably only infectious in the first two or three weeks. The mumps group includes occasional examples of that disease, but mainly covers infectious conditions of the throat and nose such as colds and glands in the neck and occasionally is found to include severe cases of diphtheria.

Certificates under Rule 23 of the Code of Education certifying that the average attendance had fallen below 60 per cent. on account of epidemic diease were issued in respect of the following :—

Ashton Methodist Infants' School—

Week ended 1st March, 1935—Mumps.
,, ,, 8th March, 1935—Mumps.
,, ,, 18th Oct., 1935—Measles and Colds.
,, ,, 25th Oct., 1935—Measles and Colds.
,, ,, 30th Oct., 1935—Measles and Colds.
,, ,, 8th Nov., 1935—Measles and Colds.
,, ,, 15th Nov., 1935—Measles.

St. Peter's Infants' School—

Week ended 30th Oct., 1935—Measles and Influenza.

St. Augustine's Infants' School—

Week ended 29th Nov., 1935—Measles and Chicken Pox.
,, ,, 6th Dec., 1935—Measles and Chicken Pox.

St. Michael's Infants' School—

Week ended 6th Dec., 1935—Measles and Colds.

9.—OPEN AIR EDUCATION.

One of the most successful organisations of the School Medical Service is the Open Air School. Weakly children respond very readily to the health giving factors to be derived from a stay in this school and in a very short time look and feel more equal to entering into the pursuits and pastimes of normal healthy children and competing on equal terms. An outstanding feature is the fact that children in this school gain weight very rapidly, especially for the first three months.

All this is due to the complete change in environment, living, as they do, as far as practicable in the open air, with adequate and suitable food, daily rest periods, training in personal cleanliness and hygiene, and proper medical attention and supervision. Parents are loud in their praise of the Open Air School and the benefits obtained from it by their children and often press for the admission of another member of the family in spite of the fact that he or she is apparently healthy.

In June, work was commenced on the demolition of the school buildings in preparation for the erection of the new Open Air School. The children housed in this portion, i.e. physical defectives, were temporarily transferred to the Holme Slack Council School and will remain there until the new building is ready. Work on the new building, which is being erected on the same site, was begun on September 2nd and it is anticipated that it will be ready for occupation in about eighteen months time.

Meanwhile the department appears to be carrying on quite successfully in its new temporary home and we hope to do even better things when the new school is open

Seventy-seven children consisting of 38 boys and 39 girls were admitted during the year and 76, 43 boys and 33 girls, were discharged. Table XXVI of the appendix is a detailed statement of the numbers of admissions and discharges and also reasons for admission and discharge. Debility, 45 per cent. forms the largest group in the reasons for admission.

Summaries of the minor ailments and medical inspection clinics are included in tables XIV and XV of the appendix. The figures in these tables include records of children from four nearby elementary schools who attend the Open Air School Clinic.

The Orthopædic Clinic and the Ultra Violet Ray Clinic are operated at this centre and details of these services appear elsewhere in this report.

Other statistics relating to the Open Air School Clinic are as follows :—

Examinations on admission	77
Re-examinations	333
Examinations of children receiving Ultra Violet Ray treatment	293
Weights taken in respect of Physical Defectives	1633
Weights taken in respect of Mental Defectives	214
Measurements taken	509
Baths given to children of both physical and mental defective departments	2866
Number of children who received cod liver oil and malt ...	50

These latter children are given daily doses of cod liver oil and malt by the school nurse on the recommendation of the doctor.

The children in both departments are bathed weekly.

10.—PHYSICAL TRAINING.

Physical training in the elementary schools is carried out under the direction of the teachers, no instructor being appointed for this work. Physical training classes form part of the school curriculum, and each of the schools has a copy of the " Syllabus of Physical Training for Schools " published by the Board of Education, and this is very generally used as a guide. In addition, games in season are organised and superintended by the teachers in the parks and playing fields. There are three parks and two playing fields in which organised football, cricket, basket ball, etc., may be played, and six smaller recreation grounds or enclosures for the use of the children.

Remedial exercises for postural defects are conducted weekly at the Orthopædic Clinic for children referred for this purpose by the Orthopædic Surgeon.

The equipment of secondary schools includes gymnasiums. Physical training is under the direction of qualified masters and mistresses. Each school has its own playing field.

The figures for children attending the swimming baths at the four baths available—Saul Street, Moor Park, Haslam Park and Ribbleton Park are as follows :—the total attendances were 18,725—10,779 boys and 7,946 girls, compared with 23,445 in 1934. At Saul Street Baths two instructors teach the children to swim, and 998, compared with 959 last year, learned to swim at least one width during the season at the four baths.

11.—PROVISION OF MEALS.

Free meals are supplied to necessitous school children at two centres and during 1935, 468 children were provided with 61,527 meals compared with 502 children and 68,744 meals in the previous year.

Arrangements are under the supervision of the School Attendance and Child Welfare department and recommendations are made by the Head Teachers and School Medical Officers.

12.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Mental Defectives.

During the year 61 children have been specially examined with a view to finding out the reason for their educational retardation as reported by the head teachers of the schools which they attended. The general findings were as follows :—

Normal, dull or backward	22	—Ordinary Public Elementary School ... ...
,, ,, ,,	4	—Open Air School for physically defective children ...
,, ,,	1	—Residential School for physically defectives ... ...
Feeble-minded	32	—Special Day School for mental defectives ...
Low grade feeble-minded ...	1	—Notified to Local Authority under Mental Deficiency (Notification of Children) Regulation, 1928 ...
Imbecile	1	

It will be noted from the above, that 22 children were retained at the ordinary school. Many are inherently dull, others backward on account of home conditions, or ill-health and continued absence from school. These require special care not amounting to that given in a school for feeble-minded children.

The instruction of these feeble-minded in terms of the Education Acts is carried out at the Special School, Moor Park. During the year 25 children left the school and these have been replaced by 21 other children. At the end of the year there were 77 children on the register, consisting of 38 boys and 39 girls. Of the children who left 19 were 14 years of age, one was 15 years of age, two were admitted to residential Institutions, one was sent to a remand home and one to a sanatorium. The remaining child had to be excluded because he was too low grade.

The aim of the Special School is to enable the children to realise their limited capacities and to help them to achieve a social status as independent citizens. The educational programme is designed more for training them in handicrafts than in academic attainments. At present, woodwork, cobbling, domestic work, gardening, needlework and basketry are included in the curriculum. As far as practicable each child receives individual attention, and the mental and physical development rather than the chronological age is considered while he is at the school.

In addition to the above one boy is at Pontville, Ormskirk and two girls in Allerton Priory, Liverpool (residential schools for educable mentally defectives.)

Blind Children.

There were no children admitted to Blind Institutions during the year. There are, however, 14 children for whom the Education Committee is responsible, one of these is in the Catholic Blind School, Liverpool, and the other 13 are in the Homes for the Blind, Preston. Six are totally blind and the remaining eight are partially blind.

Deaf Children.

During 1935 several children were referred to the School Medical Officers. Of these, three children were recommended and admitted to a school for the deaf. There are at present 15 children for whom the Education Committee is responsible in two Special Schools. Seven boys and six girls are at the Royal Cross School for the Deaf and two boys at the Boston Spa Homes for the Deaf.

Epileptic Children.

See report on the work of the Open Air School.

Physically Defective Children.

These children are brought to the notice of the School Medical Officers at routine medical inspection or Inspection Clinics, and a report on Form 40aD is made and Certificate 38D completed. The names are entered on the waiting list for the Open Air School for Physically Defective Children, and they are admitted in their turn.

A report on the work of the Open Air School is contained in paragraph 9.

13.—NURSERY SCHOOL.

The nursery school is a very important link in a scheme of preventive medicine by providing for the child age 2-5 years. The child admitted to the nursery school lives as far as possible in an open-air environment, is given an adequate and suitable diet, has a definite daily rest period, has its mind suitably occupied and is taught cleanliness and regular habits. A child readily responds to this healthy curriculum and a great improvement in the physical and mental condition of the child is noted within a short time of admission.

Any child age 2-5 years may seek admission to the nursery school. Those showing physical defects or with poor or unsuitable home conditions are given priority over those more fortunate. A large number of children are recommended admission by the Medical Officer in charge of Infant Welfare Centres. On admission the child receives a complete medical examination when any defects noted receive attention. Children with carious teeth are referred to the dental clinic; orthopædic conditions such as bowlegs, knock knees, flat feet, receive treatment from a masseuse who attends the school weekly, or are referred to the orthopædic surgeon; children with defective vision are referred to the refraction clinic; and minor ailments are treated by the school nurse who attends daily. Children requiring definite medical or surgical attention are referred either to their own private practitioners or to Preston Royal Infirmary according to circumstances. The children are weighed and measured on admission and at regular intervals throughout the period of attendance at the school. Each child is medically examined at least once annually and oftener where necessary.

During 1935, 64 boys and 43 girls were admitted to the Nursery School. Nine of these, five boys and four girls, attended the school for a fortnight or less and did not receive a medical examination. Eleven children, six boys and five girls, showed no special reason for admission.

An analysis of the defects found on admission, or special reasons for admission, is shown in the table below :—

	Boys	Girls
Rickets	11	6
Malnutrition	11	6
Bronchitis	4	1
Anæmia	—	3
Nervousness	2	1
Enuresis	1	2
Epilepsy	1	—
Rickets and mongolism	1	—
Pre-tuberculosis	—	1
Healed tuberculous adenitis	—	4
Poor home conditions	13	10
Poor parental control	5	2
Mother at work	2	1
Mother ill	2	—
Total	53	34

A glance at this table shows that rickets, malnutrition, poor or unsuitable home conditions are found in the majority of cases admitted. Two hundred and thirty-two medical examinations were made during 1935 as shown below :—

First examination on entrance	107
Second examination a year later	27
Third examination a year later	17
Intermediate examinations	81
Total	232

Ten children were referred to the dental clinic suffering from carious teeth, five children were referred to the refraction clinic for glasses, nine children had operation for removal of tonsils and adenoids, eleven children were advised massage, ten children were given sunlight, and three children, one suffering from phimosis, one with otorrhœa and one with septic nail bed were referred to Preston Royal Infirmary. The number of children suffering from minor ailments, who received treatment from the school nurse in attendance is shown in table XV in the appendix.

The work of the masseuse at the school is shown in the following table :—

No. on Register, December 31st, 1934	9
No. of new cases	7
No. discharged	6
No. remaining on books	10
Total attendance	236
No. of sessions	31
Average per session	7

There were six cases discharged from treatment, two cases of rickets, two cases of flat foot and two cases of knock knee.

14.—SECONDARY SCHOOLS.

Routine medical and dental inspections were undertaken at six secondary schools during the year. The total number medically inspected was 1,968, and defects were found in 36.2 per cent. instances. In regard to dental inspections, 1,793 pupils were inspected, and defects requiring treatment discovered in 66.3 per cent. instances, compared with 75.8 per cent. last year. This shows a very satisfactory decrease. Details of these inspections are embodied in table XXVII of the appendix.

The annual inspection of secondary school pupils is undoubtedly of great benefit as minor defects are continually being found which are not realised by the parents and which respond rapidly to treatment because of the early stage of the defect.

An observation of the standard of nutrition in these schools shows a high average. There are, no doubt, several circumstances which contribute to this factor—the parents' interest in their child's mental attainments is equalled by their interest in their physical well being—organised games which are part of the curriculum of secondary schools foster a liking for the open air which is so important a factor in the health of the growing child.

APPENDIX.

Tables I to X are Statistical Tables prepared for the Board of Education.

TABLE I.

Medical Inspections of children attending Public Elementary Schools, year ended 31st December, 1935.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :	
Entrants	1946
Second Age Group	1655
Third Age Group	1703
Total	5304
Number of other Routine Inspections	1677
Grand Total	6981

B.—OTHER INSPECTIONS.

Number of Special Inspections	4902
Number of Re-Inspections	7132
Total	12034

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases)—	
Prescribed Groups :	
Entrants	349
Second Age Group	380
Third Age Group	347
Total (Prescribed Groups)	1076
Other Routine Inspections	270
Grand Total	1346

TABLE II.

Return of Defects found by Medical Inspection in the year ended 31st December, 1935.

DEFECT OR DISEASE.		ROUTINE INSPECTION		SPECIAL INSPECTIONS	
		NO. OF DEFECTS.		NO. OF DEFECTS	
		Requiring Treatment	Requiring to be kept under observation but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment
1		2	3	4	5
Skin	Ringworm, Scalp	...	...	6	...
	,, Body	2	...	9	...
	Scabies	4	...	19	...
	Impetigo	6	...	114	...
	Other Diseases (non-tuberculous)	12	3	189	...
Eye	Blepharitis	25	2	24	...
	Conjunctivitis	5	...	45	...
	Keratitis	...	...	5	...
	Corneal Opacities	1	...	1	...
	Other Conditions (excluding Defective Vision and Squint)	11	2	39	...
	Defective Vision (excluding Squint	494	37	77	1
	Squint	38	...	9	...
Ear	Defective Hearing	6	...	37	...
	Otitis Media	7	1	205	...
	Other Ear Diseases	1	...	141	...
Nose and Throat	Chronic Tonsillitis only	383	309	180	49
	Adenoids only	7	4	13	...
	Chronic Tonsillitis & Adenoids	32	10	74	12
	Other Conditions	6	2	385	1

Enlarged Cervical Glands (non-tuberculous)		117	100	195	3
Defective Speech		5	...	6	...
Heart and **Circulation**	Heart Disease—				
	Organic	4	1	12	...
	Functional	53	73	21	7
	Anæmia	129	49	40	7
Lungs	Bronchitis	134	76	193	6
	Other non-tuberculous Diseases	8	4	118	...
Tuberculosis	Pulmonary—				
	Definite	...	...	3	...
	Suspected	...	1	5	...
	Non-Pulmonary—				
	Glands	...	...	1	...
	Bones and Joints	...	...	1	...
	Skin	...	...	...	...
	Other Forms	...	...	1	...
Nervous System	Epilepsy	...	...	1	...
	Chorea	5	3	41	...
	Other Conditions	1	2	26	...
Deformities	Rickets	6	...	1	...
	Spinal Curvature	29	2	7	1
	Other Forms	54	8	47	...
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)		16	6	1483	...
Total... ...		1601	695	3774	87

TABLE III.

Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	1946	337	17·3	1329	68·3	267	13·7	13	·6
Second Age-group ...	1655	263	15·8	839	50·7	457	27·6	96	5·8
Third Age-group	1703	307	18·0	1086	63·7	267	15·6	43	2·5
Other Routine Inspections	...	...	...	...	...	...	...	...	...
Total	5304	907	17·1	3254	61·3	991	18·6	152	2·8

TABLE IV.

Return of all Exceptional Children in the Area.

BLIND CHILDREN.

A blind child is a child who is too blind to be able to read the ordinary school books used by children.

Entered in this Section are children who are so blind that they can only be appropriately taught in a school for blind children.

At Certified Schools for the Blind	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
6	...	...	...	6

TABLE IV.—*continued.*

PARTIALLY SIGHTED CHILDREN.

Entered in this Section are children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted.

Children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision are not included in this Table.

At Certified Schools for the Blind	At Certified Schools for the Partially Blind	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
8	...	...	...	...	8

DEAF CHILDREN.

A deaf child is a child who is too deaf to be taught in a class of hearing children in an Elementary School.

Entered in this Section are children who are so deaf that they can only be appropriately taught in a school for the deaf.

At Certified Schools for the Deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
15	...	...	1	16

PARTIALLY DEAF CHILDREN.

Entered in this Section are children who can only appropriately be taught in a school for the partially deaf.

At Certified Schools for the Deaf	At Certified Schools for the Partially Deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
...	...	...	...	...	...

TABLE IV.—*continued.*

MENTALLY DEFECTIVE CHILDREN.

FEEBLE-MINDED CHILDREN.

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

The following Table includes all such children except those who have been notified to the Local Authority under the Mental Deficiency Act in accordance with Article 3 of the Mental Deficiency (Notification of Children) Regulations, 1928.

At Certified Schools for Mentally Defective Children	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
81	21	3	50	155

EPILEPTIC CHILDREN.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

In this part of the Table only those children are included who are epileptic within the meaning of the Act, *i.e.*, children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
1	...	2	2	5

TABLE IV.—*continued.*

PHYSICALLY DEFECTIVE CHILDREN.

A.—TUBERCULOUS CHILDREN.

Only children diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere are recorded in this category. Children suffering from crippling due to tuberculosis which is regarded as being no longer in need of treatment are recorded as crippled children, provided that the degree of crippling conforms to the description of a crippled child given at the head of Section C. All other tuberculous children who are regarded as being no longer in need of treatment are recorded as delicate children.

I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.

(Including pleura and intra-thoracic glands.)

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
...	...	6	7	13

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

(This category includes tuberculosis of all sites other than those shown in above.)

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
2	47	12	...	61

B.—DELICATE CHILDREN.

This Section is confined to children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
117	14	...	...	131

TABLE IV.—*continued.*

C.—CRIPPLED CHILDREN.

This section is confined to children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, *i.e.*, children who, generally speaking, are unable to take part, in any complete sense, in physical exercises or games or such activities of the School curriculum as gardening or forms of handwork usually engaged in by other children.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
5	23	12	9	49

D.—CHILDREN WITH HEART DISEASE.

This Section is confined to children whose defect is so severe that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
10	...	1	6	17

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Children suffering from a combination of the following types of defects :—

Combination of Defect	At Certified Special Schools	At other Institutions	At no School or Institution	Total
Mental Defect and Deaf	1	...	...	1
,, and Epileptic	2	1	...	3
,, and Def. Speech	1	...	...	1
,, and Tuberculosis... ...	...	1	...	1
,, and Cripple	1	2	2	5
,, and Heart Disease ...	1	...	...	1
,, Cripple and Epileptic ...	1	...	...	1
Epileptic and Deaf and Dumb	...	1	...	1
Blind and Cripple	1	...	...	1
Epileptic and Cripple	1	...	...	1
Cripple, Epileptic and Dumb	...	...	1	1
Total...	9	5	3	17

TREATMENT TABLES.

TABLE V.

GROUP I.—Minor Ailments (excluding Uncleanliness, for which see Table X).

Disease or Defect.	Number of defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
Skin—			
Ringworm—Scalp:—			
(i) X-Ray Treatment ...	1	...	1
(ii) Other	16	2	18
Ringworm—Body ...	21	2	23
Scabies	5	2	7
Impetigo	507	1	508
Other Skin Disease	73	1	74
Minor Eye Defects—			
External and other, but excluding cases falling in Group II.	361	3	364
Minor Ear Defects	468	17	485
Miscellaneous (*e.g.*, Minor Injuries, Bruises, Sores, Chilblains, etc.)	3597	21	3618
TOTAL	5049	49	5098

TABLE VI.

GROUP II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

Defect or Disease	Number of Defects dealt with.			Number of children for whom spectacles were			
				Prescribed (1)		Obtained (2)	
	Under the Authority's Scheme	Otherwise	Total	(i) Under the Authority's Scheme	(ii) Otherwise	(i) Under the Authority's Scheme	(ii) Otherwise
(1)	(2)	(4)	(5)				
Errors of Refraction (including squint) ...	822	16	838				
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	...	...	...	594	14	449	14
Total	822	16	838				

TABLE VII.

GROUP III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS													
Received Operative Treatment.												Received other forms of Treatment (4)	Total number treated (5)
Under the Authority's Scheme, in Clinic or Hospital (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme (2)				Total (3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
...	...	365	...	...	...	4	...	...	...	369	...	147	516

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.
(iv) Other defects of the nose and throat.

TABLE VIII.

GROUP IV.—Orthopædic and Postural Defects.

	Under the Authority's Scheme (1)			Otherwise (2)			Total number treated
	Residential treatment with education (i)	Residential treatment without education (ii)	Non-residential treatment at an orthopaedic clinic (iii)	Residential treatment with education (i)	Residential treatment without education (ii)	Non-residential treatment at an orthopaedic clinic (iii)	
Number of children treated ...	14	8	171	...	...	...	193

TABLE IX.

DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by the Dentist—

(*a*) Routine age-groups

AGE	5	6	7	8	9	10	11	12	13	14	15	TOTAL
Number	...	1345	1458	1515	1621	1614	1652	18	33	18	1	9275

(*b*) Specials	3027
(*c*) Total (Routine and Specials)	12302

(2) Number found to require treatment	8138
(3) Number actually treated	6084
(4) Attendances made by children for treatment	10191

(5) Half-days devoted to :—

Inspection	61
Treatment	1198
TOTAL	1259

(6) Fillings :—

Permanent Teeth	6506
Temporary Teeth	...
TOTAL	6506

(7) Extractions :—

Permanent Teeth	2085
Temporary Teeth	6183
TOTAL	8268

(8) Administrations of general anaesthetics for extractions	1571

(9) Other Operations :—

Permanent Teeth	1616
Temporary Teeth	...
TOTAL	1616

TABLE X.

Uncleanliness and Verminous Conditions.

(1) Average number of visits per school made during the year by the School Nurses	3
(2) Total number of examinations of children in the Schools by School Nurses	20639
(3) Number of individual children found unclean	3693
(4) Number of children cleansed under arrangements made by the Local Education Authority	12
(5) Number of cases in which legal proceedings were taken :—	
(*a*) Under the Education Act, 1921	—
(*b*) Under School Attendance Byelaws	—

TABLE XI.

Uncleanliness and Verminous Conditions.

Age	Number examined	Clean		Slight Infection		Moderate Infection		Major Infection	
		No.	%	No.	%	No.	%	No.	%
Infants under 7 years	5847	4910	83·9	430	7·3	441	7·5	66	1·1
7	2103	1642	78·0	234	11·1	195	9·2	32	1·5
8	1986	1606	80·8	185	9·3	170	8·5	25	1·2
9	2163	1687	77·9	247	11·4	196	9·0	33	1·5
10	2194	1782	81·2	225	10·2	173	7·8	14	0·6
11	2275	1876	82·4	223	9·8	152	6·6	24	1·0
12 and over	4071	3443	84·5	376	9·2	228	5·6	24	0·5
All ages									
1935	20639	16946	82·1	1920	9·3	1555	7·5	218	1·0
1934	22958	19370	84·3	1854	8·0	1522	6·6	212	·9
1933	24044	19638	81·6	2235	9·3	1786	7·4	385	1·6
1932	25478	20158	79·1	2640	10·3	2314	9·0	366	1·4
1931	25780	19065	74·0	3309	12·8	3123	12·1	283	1·1
1930	25179	18926	75·1	3142	12·5	2879	11·4	232	0·9
1929	24780	18183	73·4	3377	13·6	2917	11·8	303	1·2

TABLE XII.

School Accommodation and Average Attendance.

	Number of Schools	Recognised Accommodation	Average attendance for year ended 31st March, 1935
Church of England ...	17	12344	5308
Roman Catholic	11	9792	5909
Council	10	4900	3279
Nonconformist	5	2289	1468
Total	43	29325	15964

TABLE XIII.

Total number of Children examined (all forms).

Year of Examination...	1935	1934	1933	1932	1931	1930
Entrants	1946	1843	1666	1894	2013	2034
Second Age Group	1655	1673	1738	1855	1859	2162
Third Age Group	1703	1803	2018	1494	1159	1252
School Term Leavers ...	1677	1778	1306	975	1047	439
Special Cases (*a*) Clinic ...	4878	3987	3613	3318	2964	3015
(*b*) School ...	24	58	58	47	72	132
Re-inspections (*a*) Clinic ...	5773	5818	6442	5767	4438	4998
(*b*) School ...	1359	1712	967	2405	2183	2138
Totals	19015	18672	17808	17755	15736	16170

TABLE XIV.

Medical Inspection Clinics.

Defect.	On Books, 1st Jan. 1935.	New Cases.	Dis-charged.	Left on the Books 31st Dec., 1935.
Malnutrition	36	157	161	32
Uncleanliness—Head	...	4	3	1
,, Body	...	...	...	...
Skin Disease	34	337	350	21
Eye	15	168	171	12
Ear	65	383	425	23
Nose and Throat	43	607	647	3
Enlarged Glands	32	186	193	25
Defective Speech	1	7	8	...
Teeth	3	19	20	2
Heart and Circulation ...	22	85	82	25
Lungs	66	310	326	50
Tuberculosis—Pulmonary ...	5	8	11	2
,, Non-Pulmonary	...	2	2	...
Nervous System	20	60	54	26
Deformities	7	62	56	13
Other Defects	109	1476	1563	22
Total	458	3871	4072	257
Clinics: Miller Arcade... ...	178	1722	1827	73
Cuttle Street	63	1129	1159	33
Barlow Street... ...	177	856	912	121
Open-Air School ...	40	164	174	30

Total attendances for the last five years :—

	Miller Arcade Clinic.	Cuttle Street	Barlow Street Clinic.	Open Air School	Nursery School	Total.
1935...	3428	1790	3864	562	...	9644
1934...	3847	2375	2610	754	...	9586
1933...	4232	2629	2314	687	17	9879
1932...	4089	1940	2354	640	12	9085
1931...	2673	1903	2156	504	14	7250

TABLE XV.

Minor Ailments Treatment Clinics.

Defect.	On Books, 1st Jan. 1935.	New Cases.	Dis charged.	Left on the Books 31st Dec. 1935.
Skin :				
Ringworm, Scalp	...	19	18	1
,, Body	2	21	21	2
Scabies	1	6	6	1
Impetigo	27	481	500	8
Other Skin Diseases ...	5	69	68	6
Minor Eye Defects :				
External and other, but excluding cases falling in Table IV., Group I.	22	342	346	18
Minor Ear Defects	72	413	444	41
Miscellaneous (*e.g.*, Minor Injuries, Bruises, Sores, Chilblains, etc.)	73	3545	3593	25
Total	202	4896	4996	102
Clinics : Miller Arcade	54	1413	1421	46
Cuttle Street	72	1339	1386	25
Barlow Street	60	1293	1330	23
Open-Air School... ...	15	530	537	8
Nursery School	1	321	322	...

Total attendances for the last five years :—

	Miller Arcade	Cuttle Street	Barlow Street	Open Air School	Nursery School	Total
1935	16094	9219	10024	6385	2150	43872
1934	17695	11933	9356	9799	2470	51253
1933	19954	12838	9107	7414	1998	51311
1932	22506	13359	10695	7120	1623	55303
1931	18395	13455	9769	5793	127	47539

TABLE XVI.

Tonsils and Adenoids.

Number of Defects found at Routine Inspections.

	No. examined	No. referred for treatment	%	No. referred for observation	%
Entrants—Boys ...	974	108	11·0	54	5·5
Girls ...	972	69	7·1	61	6·2
Second Age Group–Boys	867	62	7·1	54	6·2
Girls	788	52	6·6	70	8·8
Third Age Group—Boys	816	52	6·3	47	5·7
Girls	887	40	4·5	37	4·1
Totals	5304	383	7·2	323	6·0

TABLE XVII.

Defective Vision and/or Squint.

Number of Defects found.

	Routine Medical Inspection.					
	No. examined		No. referred for treatment		Percentage referred	
	1934	1935	1934	1935	1934	1935
Second Age Group—Boys ...	813	867	87	89	10·7	10·2
(aged 8—9) Girls ...	860	788	92	95	10·6	12·0
Third Age Group—Boys	980	816	73	87	7·9	10·6
(aged 12) Girls	1038	887	63	88	7·1	9·9

Work of the Refraction Clinic.

	1932	1933	1934	1935
No. of Sessions	129	137	130	122
Total No. of Refractions carried out ...	1000	1048	923	822
Total No. of Prescriptions given	801	811	698	594
Total Attendances	3041	3267	2908	2658
Average Attendance per Session	23·6	23·8	22·4	21·8

TABLE XVIII.

Summary of the Work of the Dental Surgeons.

For the Period January 1st to December 31st, 1935.

ROUTINE GROUPS.

SCHOOLS VISITED	Number of Children Examined at School	No Treatment required	Number requiring Treatment	Number accepted Treatment	Number refused Treatment	Own Dentist	PARTICULARS OF ATTENDANCES AND TREATMENT AT DENTAL CLINIC.								
							Number attended Clinic	No. of Actual Attendances at Clinic	Number Re-treated	No. of Extractions.		No of Gas Administrations.	No. of Stoppings	No. of Dressings	No. of Scalings
										T.	P.				
Ashton Methodist ...	100	38	62	41	14	7	38	68	14	42	19	10	81	4	...
St. Michael's	113	49	64	54	7	3	54	86	26	47	19	8	93	8	...
Sacred Heart	157	67	90	54	24	12	48	85	21	69	17	10	101	4	1
St. Paul's	132	62	70	41	25	4	39	66	14	72	12	12	67	11	...
Emmanuel	279	114	165	97	67	1	91	182	36	67	23	17	153	15	2
Frenchwood Central J....	298	157	141	114	11	16	108	181	60	50	37	21	250	10	...
Moor Park Methodist ...	279	100	179	105	67	7	103	215	37	45	14	9	191	12	7
St. Thomas'	241	112	129	94	33	2	93	120	46	64	20	11	149	12	...
St. Matthew's	478	249	229	140	86	3	135	328	47	263	31	54	355	52	...
English Martyr's ...	512	218	294	180	104	10	172	333	79	143	43	30	266	22	1
Christ Church	178	70	108	75	17	16	75	119	44	33	23	14	183	11	...
Trinity C. Junior ...	223	104	119	62	51	6	58	70	36	29	5	3	100	19	...
St. Mary's C.E.	175	76	99	67	32	...	64	130	29	85	22	21	134	29	1
St. Wilfrid's	80	33	47	32	13	2	30	35	19	15	5	3	60	1	...
St. Peter's	123	47	76	44	32	...	44	60	17	33	11	8	85	11	...
St. Mary's R.C. ...	132	61	71	44	27	...	41	57	22	46	3	3	62	11	...
Roper's	62	18	44	18	26	...	18	20	14	8	2	1	27	2	1
Deepdale Council ...	381	218	163	101	47	15	98	203	41	117	25	29	226	41	...
Open-Air "B"	62	13	49	36	12	1	36	69	25	8	31	14	68	16	1
St. Stephen's	160	58	102	71	21	10	67	97	39	64	26	14	116	10	...
St. Matthew's Branch ...	83	48	35	29	6	...	29	61	4	62	5	13	47	16	...
Talbot	461	159	302	165	121	16	164	278	80	145	48	25	293	42	...

Eldon Street C. ...	237	103	134	70	61	3	62	111	28	43	20	15	75	16	...
St. Cuthbert's	55	42	13	8	4	1	7	19	2	3	2	1	13	3	...
St. Joseph's	586	294	292	186	106	...	175	386	73	229	36	56	366	84	2
Roebuck Street C. ...	279	129	150	83	59	8	80	128	52	34	12	8	112	11	...
St. Mark's	124	31	93	55	33	5	55	91	22	38	23	15	94	9	...
Hincksman Memorial	110	45	65	43	19	3	51	98	21	41	9	7	95	10	1
St. Gregory's	242	103	139	104	28	7	98	179	55	72	16	13	172	8	1
St. Luke's	261	137	124	64	60	...	63	138	22	93	23	22	125	26	1
St. Andrew's	419	120	299	143	135	21	165	447	82	193	51	31	469	34	...
St. Mary's St. Meth. ...	153	75	78	30	48	...	32	94	12	41	18	13	82	27	...
Ribbleton Avenue ...	332	175	157	109	37	11	173	340	67	204	47	54	349	52	...
Parish	83	35	48	29	19	...	27	56	9	48	4	5	57	1	...
St. James'	74	21	53	28	25	...	25	63	12	30	7	3	60	5	...
Open-Air "A"	118	28	90	57	33	...	49	81	33	13	17	12	68	7	...
St. Jude's	94	37	57	47	10	...	45	64	22	32	1	1	59	2	...
Holme Slack C. ...	67	21	46	39	7	...	38	76	10	33	3	5	75	6	...
St. Augustine's	399	219	180	115	65	...	158	320	56	303	50	65	318	58	...
St. Ignatius'	500	243	257	150	105	2	87	176	47	52	11	9	181	18	2
St. Saviour's	119	60	59	31	28	...	9	20	2	43	4	8	9	6	...
Blessed Sacrament ...	216	124	92	66	19	7	53	87	14	68	20	14	90	19	...
Greenlands 'C"	98	51	47	28	17	2	...	...	...	...	...	...	...	...	...
	9275	4164	5111	3149	1761	201	3057	5837	1391	3120	815	685	5976	761	21

TABLE XIX.

Work of Dental Surgeons.

Children Inspected at the Routine Age Groups during the last five years.

YEAR	AGES														Totals
	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
1935	...	...	1345	1458	1515	1621	1614	1652	18	33	18	1	...	...	9275
1934	...	...	1079	1140	1256	1301	1396	26	39	36	26	2	...	...	6301
1933	...	...	697	716	722	827	819	27	24	21	14	1	...	...	3868
1932	...	36	799	856	869	926	980	1053	1068	704	283	4	...	1	7543
1931	...	...	705	796	776	866	907	759	553	62	...	...	...	...	5460

TABLE XX.

Work of Dental Surgeons.

Percentage of Children requiring treatment in each age group.

YEAR	Aged 6	Aged 7	Aged 8	Aged 9	Aged 10	Aged 11	Aged 12	Aged 13	Aged 14	Aged 15
1935	22·2	46·4	60·7	67·2	63·4	63·1	...	...	...	...
1934	27·62	55·0	69·82	73·33	70·77	...	...	...	...	...
1933	33·28	61·45	77·84	80·29	81·68	...	...	...	...	...
1932	16·5	45·0	68·2	74·5	74·3	74·2	79·7	80·8	...	...
1931	41·3	63·7	75·4	80·1	80·0	77·7	82·8	...	...	...

TABLE XXI.

Casuals attending Dental Clinic. Particulars and Attendances.

AGES	Number attended Clinic	No. of Actual Attendances at Clinic	No. of Extractions		No. of Gas Administrations	No. of Stoppings	No. of Dressings	No. of Scalings
			T.	P.				
Aged 3	37	41	45	...	...	7	6	...
,, 4	216	240	271	...	6	17	72	...
,, 5	425	463	566	...	25	23	141	...
,, 6	375	428	617	6	33	24	64	...
,, 7	325	409	526	16	32	37	36	...
,, 8	252	333	353	44	41	21	44	1
,, 9	197	289	234	70	50	26	40	1
,, 10	159	245	153	55	44	34	51	...
,, 11	206	333	138	108	95	46	73	...
,, 12	310	563	94	315	193	98	97	...
,, 13	457	873	57	513	317	164	179	5
,, 14	65	133	9	80	48	29	23	...
,, 16	1	2	...	...	...	4	...	1
,, 17	2	2	...	3	2	...	...	...
Total Casuals	3027	4354	3063	1270	886	530	826	8
Corresponding numbers in :								
1934	3109	4605	3438	1395	1035	463	805	8
1933	3418	5179	4492	1227	1091	906	1249	4
1932	3460	4791	3808	1074	868	798	943	13
1931	3568	4667	3693	1154	839	732	631	1
1930	3124	3798	4310		699	344	881	10

TABLE XXII.

Work of Dental Surgeons.

Summary of the Work carried out during the last ten years.

YEAR	Number of Children Examined	No Treatment required	Number requiring Treatment	Number accepted Treatment	Number refused Treatment	Own Dentist	Particulars of Attendances and Work at Dental Clinic.						
							Number attended Clinic	No. of Actual Attendances at Clinic	No. of Extractions	No. of Gas Administrations.	No. of Stoppings	No. of Dressings	No. of Scalings
1935 Routine Groups ...	9275	4164	5111	3149	1761	201	3057	5837	3935	685	5976	761	21
Casuals	3027	...	3027	3027	...	...	3027	4354	4333	886	530	826	8
Total ...	12302	4164	8138	6176	1761	201	6084	10191	8268	1571	6506	1587	29
1934	9410	2452	6958	5684	1137	137	5583	10160	9414	1692	6604	1387	16
1933	7286	1234	6052	5319	666	67	5247	10527	9080	1591	7040	2120	24
1932	11003	2567	8436	6289	1932	215	6034	10432	6331	1243	9074	1883	49
1931	9028	1548	7480	6093	1314	73	6070	10335	5170	839	9151	1725	30
1930	6957	2023	4954	4547	316	114	4623	7460	4436	699	6352	2338	37
1929	9084	3711	5373	4665	458	290	4462	7690	3403	620	8023	2091	24
1928	9827	4636	5191	4462	375	396	4095	6646	2830	591	7288	1567	13
1927	7292	2537	4755	4018	408	329	3822	7015	4487	631	10348	1644	8
1926	5817	2230	3587	3034	261	292	2834	6280	1977	434	7735	2777	9

TABLE XXIII.

Artificial Sunlight Clinic.

DEFECT	RECEIVED TREATMENT.			CONDITION ON DISCHARGE			WEIGHT ON DISCHARGE			Disch. to Hospital, etc.	Failed to Complete Course
	Boys	Girls	Total	Cured	Improved	Stationary	Gained	Stationary	Lost		
Asthma ...	...	1	1	...	1	...	1	...	...	...	...
Anaemia ...	10	6	16	4	7	2	13	...	...	...	1
Alopecia ...	1	3	4	...	...	1	1	...	...	...	...
Bronchitis ...	17	10	27	6	8	...	14	...	...	...	4
Chorea ...	6	7	13	...	5	...	4	...	1	...	...
Cough ...	1	1	2	1	1	...	2	...	...	...	...
Chilblains ...	...	1	1	1	...	...	1	...	...	...	...
Debility ...	17	24	41	9	13	2	21	2	1	...	3
Enl. Glands ...	21	15	36	7	15	...	21	1	...	3	2
Eczema ...	1	...	1	...	...	...	...	...	...	...	...
Malnutrition ...	...	2	2	...	1	...	1	...	...	...	...
Psoriasis ...	...	1	1	...	1	...	1	...	...	...	...
Rickets ...	...	1	1	...	1	...	1	...	...	...	...
Rheumatism ...	3	2	5	1	4	...	5	...	...	...	...
T.B. Glands ...	...	1	1	...	1	...	1	...	...	...	...
TOTALS ...	77	75	152	29	58	5	87	3	2	3	10

TABLE XXIV.

Cases of Infectious Disease reported by Head Teachers.

SCHOOL.	Scarlet Fever	Measles	Whooping Cough.	Diphtheria.	Chicken Pox.	Mumps.	Ringw'rm Skin Diseases, &c.	Influenza.
Ashton Methodist	1	30	8	...	...	23	2	2
Blessed Sacrament	...	...	...	...	...	...	...	...
Christ Church	...	41	1	...	3	...	...	...
Deepdale Council	...	51	9	2	4	1	...	...
Deepdale Modern	...	...	...	...	...	...	...	...
Eldon Street Council	1	...	...	1	...	...	...	...
Emmanuel	1	17	8	2	3	4	...	...
English Martyrs' Elementary	1	19	13	...	3	...	...	...
Frenchwood Council	...	60	2	...	10	3	...	...
Greenland Council Junior	2	11	...	1	4	...	...	...
Hincksman Memorial	...	22	...	...	5	2	...	...
Holme Slack Council Junior	...	9	1	2	...	...	...	...
Moor Park Methodist	1	42	2	...	...	1	...	...
Open Air School	...	8	...	1	1	...	...	...
Parish Church Junior	...	10	2	...	...	...	...	...
Ribbleton Avenue Council	1	77	2	1	1	3	...	...
Ribbleton Avenue Methodist	1	12	1	...	...	...	...	...
Roebuck Street Council	1	29	3	...	20	35	2	1
Sacred Heart	...	13	...	...	...	...	...	...
St. Andrew's	...	11	5	1	...	2	...	...
St. Augustine's	...	5	9	...	32	...	...	...
St. Cuthbert's	...	3	4	...	...	17	...	1
St. Gregory's	...	...	...	...	...	...	...	...
St. Ignatius	...	35	1	1	...	...	...	...
St. James'	...	1	...	...	...	...	...	...
St. Joseph's	...	2	...	...	...	...	...	...
St. Jude's	...	19	8	2	2	...	...	...
St. Luke's	2	39	4	...	2	1	...	...
St. Mark's	1	40	...	...	3	15	...	...
St. Mary's C. of E.	4	22	3	3	24	...	...	...
St. Mary's R.C.	...	23	...	...	...	...	...	1
St. Mary's Street Methodist	...	7	2	...	5	...	...	...
St. Matthew's	1	4	3	...	...	...	...	...
St. Matthew's Branch	2	29	2	...	2	1	...	...
St. Michael's	1	15	...	1	8	...	...	...
St. Paul's	...	9	1	1	13	2	...	...
St. Peter's	2	20	...	...	3	...	...	4
St. Saviour's	...	11	...	1	6	4	...	...
St. Stephen's	3	19	3	...	1	...	...	...
St. Thomas's	1	10	...	...	...	1	...	...
St. Wilfrid's	...	18	...	...	2	1	...	...
Stoneygate Nursery	...	6	...	...	...	...	...	...
Talbot	...	46	...	...	...	1	...	...
Trinity Council	...	21	2	...	...	...	...	...
	27	866	99	20	157	117	4	9
SECONDARY SCHOOLS.								
Park Secondary School	1	4	...	...	1	4	...	...

TABLE XXV.

Home Visiting by Nurses. Visits and Re-visits.

Visit	Tonsils & Adenoids	Vision & Squint	Bron-chitis	Cardiac Defects	Eye Diseases	Skin Diseases	Enlarged Glands	Ear Diseases	Dental Defects	Unclean-liness	Miscell-aneous	Total
1st	543	419	43	18	10	7	8	4	2365	1380	133	4930
2nd	134	149	...	1	...	...	...	...	36	47	1	368
3rd	44	39	...	...	...	...	...	...	3	...	...	86
4th	25	18	...	...	...	...	...	...	3	...	...	46
5th	14	10	...	...	...	...	...	...	...	...	...	24
6th	3	4	...	...	...	...	...	...	1	...	...	8
7th	3	6	...	...	...	...	...	...	1	...	...	10
8th	2	5	...	...	...	...	...	...	2	...	...	9
9th	4	...	...	...	...	...	...	...	...	...	...	4
Total ...	772	650	43	19	10	7	8	4	2411	1427	134	5485

TABLE XXVI.

Open Air School, 1935

	Boys	Girls	Total
No. on books, Jan. 1st, 1935	75	59	134
No. admitted during year	38	39	77
No. discharged during year	43	33	76
No. on books, 31st Dec., 1935	70	65	135
Average No. on roll	84·2	70·9	155·2
Average attendance	66·8	56·3	123·2
Average period of attendance of those discharged in 1935	2 years 1·5 mths	1 year 3·8 mths	1 year 9·5 mths

Analysis of Reasons for Admissions.

Disease	Boys	Girls	Total
Anæmia	3	1	4
Anæmia and Debility	2	...	2
Asthma and Bronchitis	1	2	3
Bronchitis	3	5	8
Cardiac Disease...	...	2	2
Chorea	2	1	3
Chorea and Rheumatism	...	2	2
Cervical Adenitis	...	1	1
Debility	18	17	35
Epilepsy	1	...	1
Gastro-enteritis	1	...	1
Keratitis	...	1	1
Laryngitis	...	1	1
Lungs (Pre-Tuberculous)	2	...	2
Lungs (Quiescent Tuberculosis)	1	2	3
Rheumatism	1	7	8
TOTALS	35	42	77

Analysis of Reasons for Discharge.

Reasons for Discharge.	Boys	Girls	Total
Over school age (14)	4	6	10
Fit to attend former school	30	19	49
Temporarily unfit to attend any school ...	2	1	3
Admitted to Sanatorium	2	...	2
Admitted to Hospital	2	1	3
Transferred to special School	...	1	1
Found unsuitable	...	2	2
Left district	1	3	4
Died	...	1	1
Transferred to Residential Institution ...	1	...	1
All reasons	42	34	76

TABLE XXVII.

Medical Inspection at Secondary Schools.

Number of children examined.

Ages	7	8	9	10	11	12	13	14	15	16	17	18	19	Total
Schools GIRLS :														
Park School	...	...	2	30	113	70	69	105	112	41	18	8	...	568
Winckley Square Convent ...	...	...	1	11	61	57	79	67	52	25	7	8	...	368
Lark Hill Convent	...	...	...	10	17	51	44	52	33	5	2	11	...	225
Junior Commercial School ...	...	...	...	...	...	...	...	1	10	1	...	...	...	12
BOYS :														
Grammar School	...	1	5	21	60	52	76	75	95	32	9	3	2	431
Catholic College	...	...	...	15	56	72	65	55	52	11	5	6	...	337
Junior Technical and Commercial School ...	...	...	...	...	...	...	...	5	19	3	...	...	...	27
Totals	...	1	8	87	307	302	333	360	373	118	41	36	2	1968

Return of Defects.

Ages	7	8	9	10	11	12	13	14	15	16	17	18	Total Defects
Malnutrition	...	...	...	3	9	2	1	6	1	1	...	...	23
Skin Diseases	...	...	...	...	3	...	...	2	1	2	2	...	10
Eye Diseases	...	...	...	6	34	50	27	35	24	15	4	6	201
Ear Diseases	...	...	...	...	...	2	2	7	1	...	...	...	12
Nose and Throat Diseases ...	...	...	1	11	18	11	6	13	19	6	1	...	86
Enl. Cervical Glands ...	...	...	...	4	12	1	1	1	1	...	2	...	22
Defective Speech	...	...	...	...	...	...	...	...	...	...	...	...	...
Dental Defects	...	...	...	13	60	42	43	58	36	6	2	...	260
Heart and Circulation ...	...	...	...	5	4	5	8	9	12	4	3	...	50
Lung Diseases	...	...	...	...	6	3	2	4	2	2	...	...	19
Pulmonary Tuberculosis ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Non-Pulmonary Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...
Nervous Diseases	...	...	...	...	...	...	...	...	2	...	...	...	2
Deformities	...	...	...	1	7	1	3	2	3	...	...	...	17
Other Defects	...	...	...	1	2	...	1	2	4	1	...	...	11
Total Defects	...	...	1	44	155	117	94	139	106	3	14	6	713

TABLE XXVII.—*continued.*

DEFECTS AS PERCENTAGES OF NUMBERS EXAMINED.

Defect	Park School	Winckley Square Convent School	Lark Hill Convent School	Grammar School	Catholic College	Harris Technical College	Totals
Malnutrition ...	4·0	...	...	...	...	...	1·1
Skin Diseases ...	1·4	...	...	...	...	5·1	·5
Eye Diseases ...	18·3	9·2	3·5	7·4	6·2	5·1	10·2
Ear Diseases ...	1·7	...	2·2	...	·6	...	·6
Nose and Throat ...	10·2	3·8	...	·2	1·2	10·2	4·3
Cervical Glands ...	3·8	...	...	...	...	...	1·1
Defective Speech ...	...	...	...	...	...	...	...
Teeth	7·0	49·4	16·4	·2	...	...	13·2
Heart & Circulation.	7·7	1·1	·4	...	...	2·5	2·5
Lungs	2·6	...	1·3	...	...	2·5	·9
Tuberculosis ...	...	...	...	...	...	...	...
Nervous System ...	·3	...	...	...	...	...	·1
Deformities ...	2·6	...	·8	...	...	...	·8
Other Defects ...	1·9	...	...	...	...	...	·5
Total defects ...	61·9	63·5	24·8	7·9	8·3	25·6	36·2

DENTAL INSPECTION AT SECONDARY SCHOOLS.

	Park School	Winckley Square Convent School	Lark Hill Convent School	Grammar School	Catholic College	Harris Institute Junior & Commercial	Totals
Inspected	472	265	206	364	321	165	1793
No Treatment Required	173	80	52	143	121	36	605
Requiring Treatment ...	299	185	154	221	200	129	1188
Per cent. Requiring Treatment	63·4	69·8	74·8	60·7	62·3	78·1	66·3
Treated at Clinic ...	4	2	2	5	12	2	27
Attendances	10	3	4	16	34	4	71
Extractions—							
Temporary Teeth ...	...	...	...	...	2	...	2
Permanent Teeth ...	...	...	6	2	16	2	26
Gas Administrations ...	...	...	2	2	9	2	15
Fillings	19	5	5	9	24	1	63
Dressings	2	...	...	5	2	1	10
Scalings	...	...	...	...	...	...	...

Report on Myopia in School Children.

INTRODUCTION.

To the Chairman and Members of the Education Committee.

For many years, since, in fact, shortly after the introduction of an organised system of Medical Inspection in schools in 1907, the question of the shortsighted child has obtruded itself. From the first, Medical Officers have been quick to realise the enormous amount of visual defect in school children and schemes for the routine examination of the sight with arrangements for the provision of glasses were soon in operation.

Realisation of the fact, however, that the more serious cases of myopia, even when corrected by glasses, were unsuitable for the ordinary curriculum and were damaged by being submitted to it, was longer in coming.

In the following pages, Dr. Craig submits the results of a laborious search and painstaking analysis of the position in our schools. Briefly, the position is that new educational, social and medical arrangements ought to be made for about twenty-five children in the schools and very close supervision exercised over another fifty. They are of all ages and live in all parts of the town. As children pass out of the category by leaving school, recruitment keeps up the numbers from new entrants to schools and from the group under supervision. In some of these latter children, the disease may become arrested but in others the defect becomes more pronounced and under present conditions may well lead the child to educational, economic and social disaster.

Of the methods which have been used for the amelioration of this condition I can conceive of none better than that of organising a specialised group training at our Open Air School. The advantages are that the children are under the best possible hygienic conditions and under one indivisible educational and medical regime.

A scheme such as is outlined in the report is well worthy of the careful consideration of the Education Committee.

F. A. SHARPE,
Superintendent School Medical Officer.
Medical Officer of Health.

24th September, 1935.

Myopia in School Children.

Myopia or shortsight affects twenty per cent. of the sighted population. A progressive form is responsible for nearly five per cent. of blindness in school children and fifteen per cent. of all blindness in later life. As it begins during the school age, however, the question of prevention is essentially and inevitably a concern of the Local Education Authority. Economically the myope is a member of the sighted community, and his education should be subjected to such modification as is best calculated to retain him in the sighted world.

Myopia may be regarded as a phenomenal aberration of growth affecting the backward half of the eye. In other words the eye has overgrown itself, objects become focussed in front of, instead of on the retina, and symptoms of shortsight occur.

Secondly, as the globe of the eye is built up of three main layers, there may be some separation or splitting of these, consequent upon the myopic process of stretching. Two-thirds of all cases of retinal detachment are due to myopia.

A more comprehensive picture of myopia and some of its problems may be gained by referring to a few cases which have occurred in Preston.

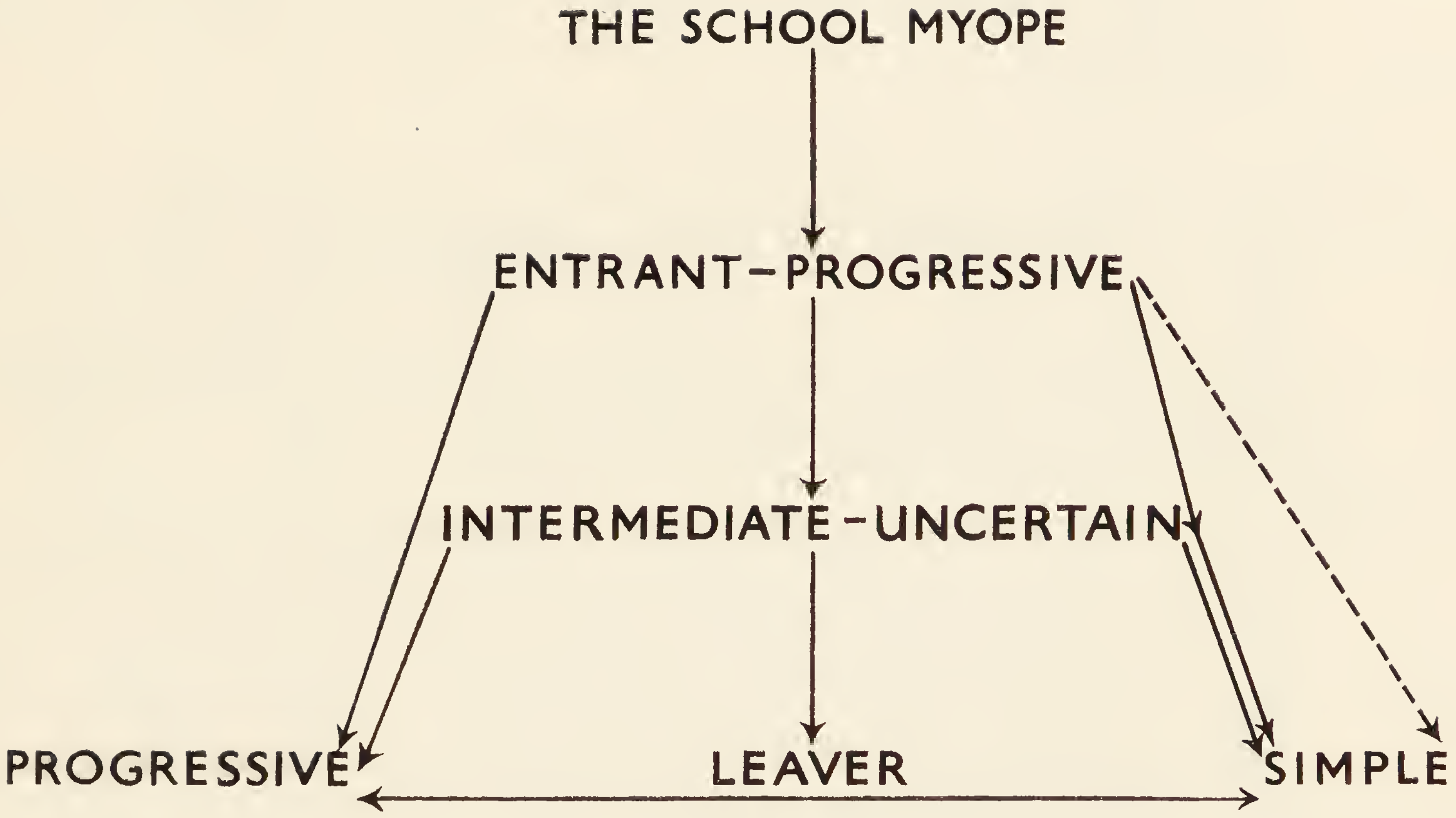
CASE 1. A boy aged 14 had 4 Dioptres of myopia in the right eye and 3D in the left. Two years ago he only required a correction of –2.5D. The correction gives him first class normal vision, there are no signs inside the eye suggestive of progressive disease, and for the purpose of this report we shall call this an example of Leaver Myopia of the Simple Type.

CASE 2. One year ago a girl of nine years of age showed –2D of myopia in the right eye, and –0.75D in the left. This year the condition of the right eye is stationary, while that of the left has increased by 1D. The myopia may now remain stationary and she will develop into the Simple Type illustrated in case 1. On the other hand the myopia may increase uniformly or after a period of arrest. This case will have to be reviewed at fixed intervals. Bearing in mind her age, she exemplifies a case of Intermediate Myopia of the Doubtful Type.

CASE 3. An infant aged six years was noticed to screw up his face when his attention was directed to pictures on the wall of the classroom. Examination at the refraction clinic revealed –7D of myopia in each eye. There were no obvious pathological appearances in the fundi, (the fundus refers to what is observed of the layers at the back of the eye when illuminated through the aperture of the pupil) but this amount of myopia in one so young suggests a progressive condition. Noteworthy features of the family history are that the mother suffers from myopia, the maternal grandmother was blind in one eye, cause unknown, and the paternal grandmother suffered from cataracts. For the purpose of this report we shall regard this as a case of Entrant Myopia of the Progressive Type.

Cases of myopia occurring among elementary school children in the Borough have been classified in three groups corresponding to the types illustrated in the above three cases. The figures for the three groups were:—

72 cases of Entrant Myopia and of the Progressive Type.
182 cases of Intermediate Myopia of the Doubtful Type.
90 cases of Leaver Myopia of the Simple Type.



Explanation.

From the above diagram the school myope may be an entrant, an intermediate or a leaver. The usual course of the entrant is shown to be progressive—see left side. Occasionally some pass through as intermediates and these may finish up as simple leavers—see right side. The desirable state of affairs is that all myopes should finish up as myopes of the simple non-progressive type.

– – – – – – – – – indicates desirable development.

———————— indicates probable development.

The above is but an arbitrary classification evolved for the purpose of this report. For instance this analysis reveals that most entrants suffering from myopia suffer from the progressive form, but not all progressive myopes are entrants. The relationship of the three groups may be shown diagrammatically. (See opposite).

CASE 4. A boy now 11 years of age was frequently excluded from school while an infant on account of defective vision. At five he had –8D of myopia in each eye, and there was a congenital cataract involving the left eye. During the past five years the myopia has increased to 16D in both eyes, and he now reads 6/18 with the right eye, 6/60 with the left. (For explanation see Snellen's Type at end).
The family history is bad with regard to vision, and the boy has been away from school entirely for the past two years. This case illustrates the problem of the myopes' education, and the need for special provision for these cases.

CASE 5. A youth aged 14 left school last summer with –14D of myopia and –2D of astigmatism in both eyes. He was wearing –10D in both eyes when an infant of six years of age. During the past eight years he has been under constant supervision, but he has now passed out of our care. This case illustrates the need for after care of the school myope when he leaves school. The danger of overlooking this aspect of the subject was brought to our notice by the following case.

CASE 6. A young woman aged 20 was examined in connection with the Blind Persons Act. As an infant she was an Entrant Myope of the Progressive Type, and when she left school six years ago she had limited vision in both eyes. Now she has no vision in the left eye and only sees 6/60 and 6/36 with the right. There are myopic changes in the fundus, and other abnormal changes in the fluid contents of the backward chamber of the eye. Things might have been less tragic if she had been advised in the choice of work when she left school.

These problems and the others relating to partially sighted children in general have been causing a good deal of concern in other quarters. At the end of 1931 the Board of Education formed a Committee of Enquiry for the same purpose and they issued their Report last year. Here it is estimated that :

> " there are about 1,200 partially sighted children unascertained " in England and Wales; and that there is " a total of approximately 3,200 partially sighted children for whom no special education is provided."

How many of these 1,200 partially sighted children are in Preston? Having made some answer to that question, what other provision in the nature of special education must be arranged?

With a view to answering the above questions three hundred and forty-four cases of school myopia have been investigated. A definite line of analysis was followed in all cases and the results tabulated.

TABLE I.

Age at ONSET	No. of "P"	No. of "D"	No of "S"	TOTAL
5	8	...	...	8
6	16	...	...	16
7	14	19	...	33
8	10	44	...	54
9	9	58	...	67
10	7	17	6	30
11	1	11	10	22
12	...	10	17	27
13	...	9	37	46
14	...	1	17	18
?	7	13	3	23
Total	72	182	90	344

"P"—Entrant and Progressive Myopia.
"D"—Intermediate and Doubtful Myopia. "S"—Simple Leaver Myopia.

TABLE II.

No. of Children	Age at present	Degree of Myopia in dioptres												No. with Astigmatism
		4	5	6	7	8	9	10	11	12	13	14	15	
4	7	2	...	...	1	1	...	...	...	...	...	...	...	1
5	8	...	...	1	...	2	...	1	...	1	...	...	...	1
5	9	...	2	1	1	...	...	...	...	...	1	...	...	4
13	10	2	2	2	5	...	...	...	...	...	1	...	1	5
8	11	...	2	3	...	1	1	...	...	1	...	...	...	3
8	12	1	1	2	1	1	...	1	...	1	...	...	...	4
8	13	...	2	1	...	1	2	...	1	...	1	...	...	5
21	14	1	1	1	...	4	3	3	...	...	2	2	4	9
Totals 72		6	10	11	8	10	6	5	1	3	5	2	5	32

Factors Considered In Making The Above Selection.

1. The early age of onset—see first table—more than half the cases occurred before eight years of age.
2. The amount of myopia in dioptres—the most suitable cases range from –5 to –15D. More important than this is,
3. The rate of increase of the myopia per annum—an increase exceeding –1D per annum is both suggestive and serious.
4. The corrected acuity is 6/18 or worse— 50 per cent. of the above cases read as follows :—
   17 cases read 6/18 with one or both eyes.   3 cases read 6/60 with one eye.
   7 ,, ,, 6/24 ,, ,, ,, ,, ,,   5 ,, ,, 6/0 ,, ,, ,,
   4 ,, ,, 6/36 ,, ,, ,, ,, ,,
5. The presence of some other relevant clinical finding.
   e.g. 32 of the above cases were complicated with myopic astigmatism.
   evidence of progressive disease in the fundus ; the presence of a congenital cataract ; corneal opacities, etc.
   a suggestive family history such as the presence of myopia in the parents or perhaps more often in the grandparents.

In the first table the age of onset is noted. Here we see the number of cases which began for each year of the elementary school decade, both for myopia of all types and for the three main clinical groups. (See Table I.)

Concerning the Leaver Myopes of the Simple Type little more need be added. The amount of myopia is low, their vision is normal and they require no special treatment.

Concerning the Intermediate Myopes of the Doubtful Types there were 182 cases. None of them show more than –5D in the worst eye. There are

4 cases aged 8, 2 being complicated by astigmatism
16 ,, ,, 9, 4 ,, ,, ,, ,,
29 ,, ,, 10, 16 ,, ,, ,, ,,
19 ,, ,, 11, 4 ,, ,, ,, ,,
28 ,, ,, 12, 7 ,, ,, ,, ,,
27 ,, ,, 13, 13 ,, ,, ,, ,,
30 ,, ,, 14, 16 ,, ,, ,, ,,

The remaining 29 cases aged 15 or older have left school. Those cases approaching five Dioptres require most careful supervision, and receive instructions. (See appendix I.)

In the second table we have detailed the number of more serious cases of myopia, their ages at present, the amount of myopia and the numbers showing astigmatism for each year of the school decade. It is a fairly comprehensive list so that the final selection would probably be less. The main indications for the placing are noted under the table. (See Table II.)

Suggestions and Recommendations.

Of the 72 cases tabulated as progressive or potentially progressive myopia, 38 began during the first two years of their school life. (Table I.) Normally the vision of school children is tested at eight years of age. It is important, therefore, that as far as possible entrant myopes should not be overlooked.

Secondly, if we refer to the present ages of the above 72 cases in Table II it will be observed that there are two main groups :—

(1) Thirty-five cases who have at least two years schooling before them.

(2) Thirty-seven cases with less than two years schooling before them, and twenty-one of these are about to enter into some kind of employment.

Concerning the second group there should be facilities for keeping these children at school for another two years. During that period and for the first two years of employment they should be under the supervision of an Ophthalmic Surgeon, and when they come to choose their calling in life they should be able to take advantage of some sort of employment advisory bureau which would take their special ability or aptitude into account, as well as their physical handicap. A list of more suitable occupations, taken from the Board of Education Report is given at the end. (See appendix II.)

Concerning the first group the Report of the Board of Education's Committee of Enquiry into Problems relating to Partially Sighted Children previously mentioned, deals with three possibilities :—

(1) They may be educated in classes forming an integral part of the ordinary elementary schools. When it is recalled, however, that these cases are spread over thirty different schools and that twelve of the schools show only one case, the difficulties of this method become apparent.

(2) They may be educated at the Open Air School. This is in line with the Scottish procedure of certifying the partially sighted children as 'physically defective,' and the Report seems rather favourably disposed to this method.

(3) They may be educated in special myope classes.

It is interesting to note that excluding London there are twenty-six Day Special Schools for partially sighted children in England, and in twelve of these the recognised accommodation is for twenty to twenty-five children.

Thirdly, there are other conditions which result in defective vision. In this connection two points from the Board of Education Report, may be noted :—

(1) Partially sighted children from causes other than myopia refer to those cases whose visual acuity is less than 6/24.

(2) When improvement occurs in such cases, e.g. vision becomes 6/18 or more, there should be facilities for re-transferring these cases to the ordinary public elementary schools.

A study of the above cases, the knowledge that they refer to the happenings amongst children of our own town, and the fact that blindness in our midst may be lessened, demand that we should take stock of what we are doing, and ask ourselves if anything further can be done for the shortsighted children of Preston.

APPENDIX I.

Preston Education Committee.

Instructions for Short-Sightedness.

The School Medical Officer invites your co-operation in the preservation of your child's eyesight. It is a sufficient reward in later years, to know you acted wisely for the child entrusted to your care; and you may do your boy or girl a real service, by attending to the following rules :—

(1) See that the child always wears the glasses, and always wears them clean.

(2) Bring the child to the nearest School Clinic if the glasses become bent or broken; if he or she suffers from a bad cough or constipation; or if you are worried about the general health.

(3) Teach the child to rest the eyes as much as possible by looking at distances. Encourage a taste for musical rather than eye entertainments. Carry out all instructions with regard to reading, writing, sewing, and work involving the close application of the eyes; and do not fail to ask the advice of the Eye Specialist if you are in doubt on any point.

A copy of this leaflet is handed to parents who attend the refraction clinic, if the child suffers from myopia.

APPENDIX II.

List of the More Suitable Occupations for High Myopes.

Copied from the Board of Education Report on Partially Sighted Children.

Boys.

Grade 1—Mainly Outdoor :—

Nursery Gardening, Messengers, Insurance Agents, Rent Collectors, Piano Tuners, Poultry Farming, Hawking or Street Trading, Travellers or Canvassers, Shopwork under good conditions, Wire Workers (bird cages, etc.), Hotel and Club Servants (no lifting), Chemical, Soap and Candle Factories (wrappers and packers), Skin Dressing and Tanning, Social and Welfare Workers (N.S.P.C.C., etc.), School Attendance Officers, Theatre Attendants (liftmen), Telephone Operators (private firms) and French Polishers.

Grade 2—Mainly Indoor :—

Stick and Pipe Mounting, Pipe Makers, some Branches of Brushmaking, Basket Making, Artificial Flower Making, Confectionery, Boot Mending, Metal Punching, Upholstery, Coffin Making, Builder's Merchant, Ironmonger, Tobacco Stripping and Cigar Making, Veterinary Assistants, Zoo Keepers, Animal Care and Breeding and Machine Minders (layers-on in printing).

Girls.

Grade 1.

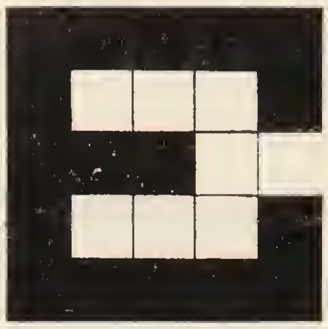
Florists' Work, Waitresses and Stillroom Workers, Dairy Shops, Under Nursemaids (no sewing), Helpers at Schools for Mothers, Helpers at Special School and Dining Centres, Domestic Service (place carefully selected), Hotel and Club Servants (no lifting), Social and Welfare Workers, Telephone Operators, Wire Mattress Weaving, etc.

Grade 2.

Box Making, Envelope Folding, Showcard Mounting, some Branches of Brushmaking, Cork Sorting, Cementing and Black Bordering, Stockroom Work, Artificial Flower Making, Fancy Paper Workers, Stationery Trade, Cigar Making and Tobacco Stripping, Upholstery, Confectionery, Knitting Factory, Metal Punching, Pipe Makers and Mounters, Machine Minders (layers-on in printing).

APPENDIX III.

Diagrammatic Representation of a Snellen's Test-Type.



60 Metres

T B 36 Metres

D L N 24 Metres

P T E R 18 Metres

F Z B D E 12 Metres

O E L Z T G 9 Metres

L P O R F D Z 6 Metres

Explanation.

1. The test-type should be read at a distance of 6 metres
2. Each letter subtends an angle of five minutes.
3. The distance at which they should be read to subtend that angle is indicated at the side;

   e.g. "E" should be read at a distance of 60 metres to subtend a visual angle of 5′ as in diagram.
4. Visual acuity is expressed as a fraction. For instance, if "E" should be read at 60 metres, and the patient can only see it at a distance of 6 metres, then he reads 6/60.

   If he can only read "D-L-N" then he reads 6/24.

   If he reads the next line, he is said to read 6/18.

   And so on, if he can see " L-P-O-R-F-D-Z," he reads 6/6 and his vision is normal.